

ASSIGNMENT

Surveyor:

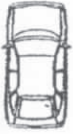
ADRIAN

DOI: 29.11.2019

Date / Time : 28.11.2019

Registered in Merimen: 28.11.2019

Pre-assign / CCU / FTE



Insured Vehicle No. : SFP 1200C

Claim No. : 8313675359SG

Name of Insured : NG CHEE KIEN

Policy No. : 1800139783

Insured Tel No. : HP: +65-97630036

Make / Model : BMW X1

Excess Sec II :S\$ D.O.A : 27/11/2019 13:40

Place of Accident : RAFFLES CITY LEVEL B2 CARPARK

Is driver the owner? (☒ YES / NO) Nature of Accident :

If NO, Driver Name / Age :

OI GIA REPORT: ☒ YES / NO ; TP GIA REPORT: ☒ YES / NODriver Tel No. : (V/L: ☒ YES / NO)

Insured Liability : % Final ? Yes / No

SJT 9126M

INSRS:
WSP: PREMIUM
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
SFP 1200C - CC4/AXA17004435/Dpa3q2; DOA: 01.03.17	Non-Reporting ltr (1st):	
SJT 9126M - NA/AIG19021020/h4 ; DOA: 27.11.19	Non-Reporting ltr (2nd):	
	Non-Reporting ltr (Final):	
	Notification ltr (if non-pickup):	
	Call OI:	
	After call ltr to OI:	
	Documentation Check List: Handler Typist	
	Notification ltr (if non-pickup)	☐
	After call ltr to OI:	☒
	Authorisation To Act:	☒
	Release Voucher:	☒
	Final Repair Bill:	☒
	Car Rental Invoice:	☐
	Towing Invoice	☐
	LTA / GIA :	☒
	Medical Bill:	☐
	PIR:	☐
	Mandate/Reject Instruction:	☐
	LOD	☒
	Payment Breakdown Form:	☐
	Post-Repair Photos:	☐
	Others:	☐
PRELIMINARY ADVICE Date/Time:	Sent By:	
FINALIZATION Date/Time:	Confirm with:	Confirm by:
Repair Cost: S\$ 11,587.12 (7 days) Reduction: 9,417.68/45 %		Email ☐ Call ☐
FINAL SETTLEMENT Date/Time: 15/10/2020 Confirm with NADIA		Email ☒ Call ☐
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 24		If NO or B 28, Ass. Lia :
Repair Cost: (w/GST) S\$ 12,398.22		OI reversed out of parking lot
Loss of Rental (LOR): S\$ (days)		
Loss of Use (LOU): S\$ 480.00 (\$ 60 x 8 days)		
Loss of Income (LOI): S\$ (\$ x days)		
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]		
GIA/LTA Search S\$ 2.00		
Medical: S\$		1) Claim status: Normal/Reject/Private Settle
Disbursement: S\$ (e.g. Tow/ Independent)		2) Report Format: TP
Legal Cost S\$		3) Survey fee: \$320
Total: S\$ 12,880.22 Global Sum S\$:		
FINAL PAYMENT Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1: S\$ 12,880.22 Name 1: Premium Automobiles Pte Ltd		
Payee 2: (Strike if N.A.) S\$ Name 2:		
Payee 3: (Strike if N.A.) S\$ Name 3:		

REF: ALG

ASS. REC. BY:

ASSIGNMENT

From: _____ Date: 29/11/19

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: SJT 9126 M

at Workshop m/s Premium

of 55 ubi Road 1

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: 10-30cm

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: _____ days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

wp

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SJT9126M. Yr Regn: 2018 / April

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Audi A3 sedan. c.c 999

Colour: Silver. A/C: Insured / Std / NI / NA

Sp.Reading: 23494. T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WAUZZZ8V3J1050367.

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 205/55R16.

R: 205/55R16.

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front _____ Rear _____

R/Bal. 06 mm R/Bal. 06 mm

L/Bal. 06 mm L/Bal. 06 mm

D.O.A. _____ D.O.I. 29/11/19.

Survey held at Premium

Des. of Damages: Frt / Rear O/S / N/S / U/C / Rooftop or

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

TP ALG.

Date/Time, File Pass to?

☐

Preli. Report

1)

☐

Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Week-end (\$

Survey Fee:

Transportation:

\$ + RS. \$

Photos

Others

TOTAL

Report Format: _____

Lump Sum / I.B.F: (\$