

INS. CASE OWNER:

JIMMY FOO

CC4/AIG19021163/Kha3

LKK:

IDAC:

ASSIGNMENT

Surveyor:

KENNETH

DOI: 02.12.2019

Date / Time : 29.11.2019

Registered in Merimen: 01.12.2019

Pre-assign / CCU / FTE



Insured Vehicle No. : SMK 1938B

Claim No. : 2933895921SG

Name of Insured : KOH SIONG QUN

Policy No. : 1900082065

Insured Tel No. : HP:

Make / Model : MAZDA 6

Excess Sec II : S\$ D.O.A : 04/11/2019 08:10

Place of Accident : THOMSON RD TOWARDS CITY
BEFORE BALESTIER RDIs driver the owner? (YES / ☒ NO) Nature of Accident :

If NO, Driver Name / Age : KOH BON SENG

OI GIA REPORT: ☒ YES / NO ; TP GIA REPORT: ☒ YES / NO

Driver Tel No. : +65-98666868 (V/L: YES / NO)

Insured Liability : % Final ? Yes / No

SMA 6532H

INSRS:
WSP: ESTEEM
Tel : PERFORMANCE
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE		DATE / PIC
	SMA 6532H - CC4/AIG19018423/Khb3; DOA: 10.9.19		
	SMK 1938B - X		
	Non-Reporting ltr (1st):		
	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\$	(days) Reduction: %	Email ☐ Call ☐
FINAL SETTLEMENT Date/Time: Confirm with: Email ☐ Call ☐			
Final Liability:	%	(Agreed / Assessed) BOLA S/N No. :	If NO or B 28, Ass. Lia :
Repair Cost:	S\$		
Loss of Rental (LOR):	S\$	(days)	
Loss of Use (LOU):	S\$	(\$ x days)	
Loss of Income (LOI):	S\$	(\$ x days)	
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐	[Tick only one]		
GIA/LTA Search	S\$		
Medical:	S\$		1) Claim status: Normal/Reject/Private Settle
Disbursement:	S\$	(e.g. Tow/ Independent)	2) Report Format:
Legal Cost	S\$		3) Survey fee:
Total:	S\$	Global Sum S\$:	
FINAL PAYMENT Date/Time: Confirm with: Email ☐ Call ☐			
Payee 1:	S\$	Name 1:	
Payee 2: (Strike if N.A.)	S\$	Name 2:	
Payee 3: (Strike if N.A.)	S\$	Name 3:	

ASS. REC. BY:

REF: A19

ASSIGNMENT

From:

Date:

2/12/19

Estimated Cost:

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

To Inspect Vehicle No:

SMA 65324

at Workshop m/s

System Performance

of

385 Sin Ming Drive

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

After 10am

(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

up

Vehicle: IN / OUT

Date: Person Contacted:

Veh No:

SMA 65324

r Regn:

06 18

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

Truck / Trailer or

Make:

Toy Pro

C.C

1797

Colour

M. Grey

A/C:

Insured / Std / NI / NA

Sp. Reading

92047

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

ZVW 50 . 8036536

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

195/65R15

R:

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

TOYO / YOKO or

Westlake

Front

Rear

R/Bal.

mm

R/Bal.

mm

L/Bal.

mm

L/Bal.

mm

D.O.A.

4/11/19

D.O.I.

2/12/19

Survey held at

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

O/S R

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

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL

Report Format :

Lump Sum / I.B.I. (\$)

Add Fee:

☐

: Site Insp (\$)

☐

: Interview (\$)

☐

: Tech. Invs (\$)

☐

: Weekend (\$)