Surveyor:

INS. CASE OWNER:

## CC4/EQI19021173/Aga3

LKK: IDAC:

ASSIGNMENT

**ADRIAN** 

DOI: 02/12/2019

29.11.2019 Date / Time :

Registered in Merimen:

Pre-assign / CCU / FTE



**GBJ 1732M** Insured Vehicle No.

Claim No. BEVEGLASS CONSTRUCTION PTE LTD

DM19HO03135/JG

Policy No.

DMCPHQ19-000583

Make / Model

NISSAN NV200

Excess Sec II :S\$ Is driver the owner?

( YES / NO)

D.O.A: 24/11/2019 15:30 Nature of Accident:

KAKI BUKIT AVE 1 Place of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

ZHAO BIZHEN +65-96181138

(V/L: VE / NO)

Insured Liability:

OI GIA REPORT: YES/NO ; TP GIA REPORT: YES/NO Final? Yes/No

**GBF 2753S** 



INSRS: WSP: KAI MOTOR

Tel: Liability: RMKS:



INSRS: WSP:

Tel: Liability: RMKS:



INSRS: WSP: Tel: Liability:

RMKS:



INSRS: WSP: Tel: Liability:

RMKS:

Date/ Time					
	GBF 2753S	10400000004 4 004 04 44 40	STAGE	DAT	E/PIC
	GBJ 1732M NA/A	IG19020803/z4; DOA: 24.11.19	Non-Reporting ltr (1st): Non-Reporting ltr (2nd): Non-Reporting ltr (Final):		
			Notification ltr (if non-pickup):		
					m 1.
					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		
PRELIMINARY ADVICE	Date/Time:	Sent By:	Post-Repair Photos:		
			Others:		
FINALIZATION	Date/Time:	Confirm with:	Confirm by:		
Repair Cost:	SS (	days) Reduction: %	Email	Call	
FINAL SETTLEMENT	Date/Time:		Email Call		
Final Liability:	% (Agreed / Assessed) BOLA S/N No. : If NO or B 28, Ass. Lia :				
Repair Cost:	SS				
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 LO	R + LOI [Tick only one]			
GIA/LTA Search	S\$				
Medical:	SS		1) Claim status: Normal/Reject/Private Settle		
Disbursement:	SS		2) Report Format:		
Legal Cost	SS		3) Survey fee:		
Total:	S\$ G	llobal Sum S\$:			
FINAL PAYMENT	Date/Time:	Confirm with:	Email Call		
Payee 1:	SS N	lame 1:			
Payee 2: (Strike if N.A.)	S\$ N	lame 2:			
Payee 3: (Strike if N.A.)	S\$ N	lame 3:			

		Veh No. 68F 2753 S.	TRegn. 2016 August		
From		Type: M.Car / M.Cycle / Bus / Van / Corb	/ Taxi / Prime Mover /		
Estimated Cost:		Truck / Trailer or			
	TP RES / OD RES / EVA / INV / MV		2982		
To Inspect Vehi		Colour Silves.	A/C: Insured / Std / NI / NA		
at Workshop m/		1.01.	T/Radio: Insured / Std / NI / NA		
of		Opinodaling			
insured:		Eng/No: JTFAT35 Y90	K106187		
Policy No.		Gen. Cond: Good / Fair / Poor / Burnt	1206611.		
Claims No.		Steering: Inorder / Jammed / Leaked / Bu	umt or		
Sum Insured:	Excess:				
(Client's Reco	ord)	Brake: Ingreer / Jammed / Leaked / Bu Modi: (Nil) S/Rim / STD A/Rim or	mit or		
Make of Veh:		18-1	25 RIS.		
(Policy Condi					
	eh had commenced its N/S O/S	BS) DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /			
repai	r at the time of inspection.	TOYO / YOKO or			
Bal, or Market \		Front	Rear		
IDAC Accident Rport: Consistent? : Yes or No		R/Bal. 06 mm	R/Bal. 06 mm		
GIA / PR See		L/Bal. 06 mm			
Est. Repairs: days Res.: Yes or No		D.O.A.	D.O.L. 32/12/19.		
Lum Sum:	% 3 Val.: Yes or No	'Survey held at /car' M			
CA / REV	/ REP. / 24 HRS Vehicle: IN / OUT	Des. of Damages : Frt / Rear / O/S / N	I/S / U/C / Rooftop or		
Date:	Person Contacted:	The U/C / Chassis frame / Body S			
Date / Time	Action / Instruction				
	TPEQ.				
	m./				
	MV: PV:				
	Nett:				
Date/Time, File Pa	restol Death Death	Dave Of Danain			
Constanting File (File	Tom Roport	Days Of Repair:	Common Core		
1) : Final Report Date/Time, File Return to?		Resurvey No. of Trip:	Survey Fee: Transportation		
	Add Fed	s: Site Insp (\$	Transportation		
	440 140	Interview (\$			
			f boins		
Report Former		STechn Inva F			
Lump Som / LE U.S.		Mestern 11			