

INS. CASE OWNER:

ASSIGNMENTSurveyor: **STEVE**DOI: **03/12/19**Date / Time : **02/12/19**

Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No. : **GBF 6208Z**Claim No. : **DM19HO03196**

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **30/11/2019 17:15**Place of Accident : **JURONG TOWN HALL ROAD - B/S28241**Is driver the owner? (YES / **NO**) Nature of Accident : _____OI GIA REPORT: **YES** / NO ; TP GIA REPORT: **YES** / NO

If NO, Driver Name / Age : _____

Insured Liability : % **Final ? Yes / No**

Driver Tel No. : _____

(V/L: YES / NO)

SBS 3400KINSRS:
WSP: **Tower Transit**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SBS 3400K - X	GBF 6208Z - X	STAGE	DATE / PIC
			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: P/P	S\$ 8865.10	(6 days) Reduction: 9956.85 % 53	Email ☐	Call ☐
FINAL SETTLEMENT	Date/Time: 07/09/2020	Confirm with LYNN	Email ☒	Call ☐
Final Liability:	% 80	(Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :	
Repair Cost: 9485.66	S\$ 7588.53	(W/GST)	EQ INSTRUCT SETTLEMENT AT 80%	
Loss of Rental (LOR):	S\$ (days)			
Loss of Use (LOU): 1800	S\$ 1440.00 (\$ 200 x 9 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		1) Claim status: ☐ Normal/Reject/Private Settle	
Medical:	S\$		2) Report Format: TP	
Disbursement:	S\$ (e.g. Tow/ Independent)		3) Survey fee: \$400.00	
Legal Cost	S\$			
Total:	S\$ 9030.53	Global Sum S\$: 9000.00	Email ☒	Call ☐
FINAL PAYMENT	Date/Time:	Confirm with:		
Payee 1:	S\$ 9000.00	Name 1: TOWER TRANSIT SINGAPORE PTE LTD		
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		

ASS. REC. BY:

REF:

CS/EQ119021404/ETf3

Special Instruction:

Surveyor: Steve

ASSIGNMENT (Office)

From (Person):

Jaime Tay

of

EQIDate/Time: 2-Dec-19 5:30p.m

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SBS 3400K

Insured:

GBF 62082

at Workshop m/s

Tower Transj.

Tel:

91990005

of

21 Bulim Drive

Policy No:

Claim No:

DML9 HO 03165/JT

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A. 30.11.2019

CA / REV / REP. / REV 24 HRS

mp

H.O.D. Endorsement:

Date/Time:

2.12.195:30p.m

Person Contacted:

LynnVehicle IN/OUT

Date/Time

Action/Instruction

Estimate (✓)SBS 3400K-XGBF 62082-X4/12@4:54- Check with Lynn agree to direct settlement

ASS. REC. BY:

Sten

REF:

EQI

ASSIGNMENT

From:

Date:

31/12/19

Estimated Cost:

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

To Inspect Vehicle No:

SBS 3400K

at Workshop m/s

Tower Transit

of

21 Bulim Drive

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

Before 3pm

Lyn @ 9191 0025

(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

cup

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SBS 3400K

Yr Regn:

1/7/14

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

Truck / Trailer or

Make:

Volvo B9TL

c.c

9364

Colour

Multi-Colour

A/C:

Insured / Std / NI / NA

Sp. Reading

32650

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

YVJ54P926E A167461

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 / R/Rim or

Tyre Size:

F:

275/70R225

R:

"

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

TOYO / YOKO or

Front

Rear

R/Bal.

5

mm

R/Bal.

5

mm

L/Bal.

5

mm

L/Bal.

5

mm

D.O.A.

30/11/19

D.O.I.

3/12/19

Survey held at

Tower Transit

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

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 / L.B.I. (\$)

Add Fee:

☐

: Site Insp (\$)

☐

: Interview (\$)

☐

: Tech. Invs (\$)

☐

: Weekend (\$)