15/5/2010

INS. CASE OWNER:

CC4/EQI19021404/Ega3

LKK:

IDAC:

ASSIGNMENT

Surveyor: 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 :

If **NO**, Driver Name / Age :

Driver Tel No. :

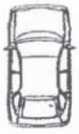
(V/L: YES / NO)

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

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

SBS 3400K →

INSRS:
WSP: Tower Transit
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SBS 3400K - X GBF 6208Z - 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:	

22/05/2002

ASS. REC. BY: | REF: CS/EQI1902404/Eff3 | Special Instruction:

Surveyor: Steve

ASSIGNMENT (Office)

From (Person): Jaime Tay of EQI Date/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 Transf. Tel: 91990005

of 21 Bulim Drive

Policy No: Claim No: DMG HO 03165 | JT

Sum Insured: Excess:

Make of Veh: D.O.A. 30.11.2019
(Client's Record)

CA / REV / REP. / REV 24 HRS mpo H.O.D. Endorsement:

Date/Time: 2.12.19 5.30p.m Person Contacted: Lynn Vehicle IN / OUT

Date/Time	Action/Instruction Estimate (✓)
	SBS 3400K-X
	GBF 62082-X
4/12@4:54	Check with lynn agree do direct settlement

ASS. REC. BY: Stem | REF: GQI

ASSIGNMENT

From: | Date: 3/12/19

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

4pm @ 9199 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 Rport: | 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 cwp

Vehicle: IN / OUT

Date: | Person Contacted:

Veh No: SBS 3490K | 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 326950 | T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: YV3S4P926LA167461

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: 275/70R22.5

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?

1)

Date/Time, File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($) ☐ : Interview ($) ☐ : Tech. Invs ($) ☐ : Weekend ($)

Report Format :

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

Survey Fee:	
Transportation:	
___$ + RS.___SI	
Photos	
Others	
TOTAL	