15/5/2010

INS. CASE OWNER: CC 6/AIG190 N 6m, U dgh

LKK:

IDAC:

ASSIGNMENT

Surveyor: Marcus. DOI: 9/7/19 Date / Time : 9/7/19.

Registered in Merimen: 9/7/19.

Pre-assign / CCU / FTE

Insured Vehicle No. : SBY 1178H

Name of Insured :

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 7/7/19.

Is driver the owner? (YES / NO)

Claim No. :

Policy No. :

Make / Model :

Place of Accident :

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**

SLT 7777T → → →

INSRS:
WSP:
Tel :
Liability : Fastech
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SLT 7777T - X SBY 1178H - T

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:	S$ (days)	Reduction: %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 07/04/2020	Confirm with Lina	Email ✓ Call ☐
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost: (w/GST)	S$ 4,922.00		
Loss of Rental (LOR):	S$ -	(days)	
Loss of Use (LOU):	S$ 240.00	($ 60 x 4 days)	
Loss of Income (LOI):	S$ -	($ x days)	
LOR only ☐ LOU only ✓	LOR + LOU ☐	LOR + LO ☐ [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: $320
Total:	S$ 5,164.00	**Global Sum S$:**	

FINAL PAYMENT	Date/Time:	Confirm with:		Email ☐ Call ☐
Payee 1:	S$ 5,164.00	Name 1:	Fastech Auto Pte Ltd	
Payee 2: (Strike if N.A.)	S$	Name 2:		
Payee 3: (Strike if N.A.)	S$	Name 3:		

(08/11/13) wef

ASS. REC. BY: Marcus

REF: AA/

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No: SLT7727T

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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

N/S	O/S

Bal. or Market Value: 58

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 4 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS LrA 38323

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SLT7727T Yr Regn: 5/16

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or CA

Make: Honda vezel Hybrid c.c 1496

Colour white A/C: Insured / Std / NI / NA

Sp.Reading 49864 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: RU3/1/1534/

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: 215/55R17

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

Front			Rear		
R/Bal.	6	mm	R/Bal.	6	mm
L/Bal.	6	mm	L/Bal.	6	mm
D.O.A.	7/12/19		D.O.I.	9/12/19	

Survey held at

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

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

Date / Time Action / Instruction

L/S - $4600 (Red $6827.20/60%)

Date/Time, File Pass to? 1) ☐ : Preli. Report ☐ : Final Report

Date/Time, File Return to? 2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee: ☐ : Site Insp ($) ___S + RS, ___SI

☐ : Interview ($) Photos

☐ : Tech. Invs ($) Others

☐ : Weekend ($)

TOTAL

Report Format :

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