15/5/2010

INS. CASE OWNER: KHOR Saw Theng 6568804754

CC4/ASM19022087/Apa3

LKK:
IDAC: 151926

ASSIGNMENT

Surveyor: ADRIAN

DOI: 17/12/2019

Date / Time : 16/12/2019

Registered in Merimen: ——

Pre-assign / CCU / FTE

Insured Vehicle No. : SLM 6368P

Name of Insured : JASON TRANSPORT & TRADING

Insured Tel No. : ——— HP: ———

Excess Sec II :S$ ——— D.O.A : 13.12.2019

Is driver the owner? (YES / NO)

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

Driver Tel No. :

Nature of Accident :

(V/L: YES / NO)

Claim No. : S9M02A9G

Policy No. : P1930117

Make / Model : Hyundai

Place of Accident : ———

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

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

SMJ 8706M → ——— → ——— → ———

INSRS:
WSP: CAS GARAGE
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SMJ 8706M - X
	SLM 6368P - CS/FCI19000627/Evd3n2 ; DOA : 04.01.19 - CC4/ASM18017728/Nfa3q2; DOA: 30.08.18 - CC4/ASM18011089/Kpb3; DOA: 07.06.18 - CC4/LCR17018134/Szb3q2; DOA: 09.08.17
26/12/19 -	OINR. To send out first letter. File pass to Su Li.
2/1/20 -	√ OI GIA Rec'd
8/6/2020 -	PS form sent

STAGE	DATE / PIC
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	clh 13/1/2020.
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: Confirm by: Email ☐ Call ☐

FINALIZATION Date/Time: Confirm with: Email ☐ Call ☐

Repair Cost: TL S$ 2000.00 (14 days) Reduction: 60% %

FINAL SETTLEMENT Date/Time: 9/6/2020 Confirm with Nicole

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. NIL. (011) beatroad light).

Repair Cost: S$ 2000.00

Loss of Rental (LOR): S$ — (days)

Loss of Use (LOU): S$ 960.00 ($ 60 x 16 days)

Loss of Income (LOI): S$ — ($ x days)

LOR only ☐ LOU only ☑ LOR + LOU ☐ LOR + LOI ☐ **[Tick only one]**

GIA/LTA Search S$ 7.45

Medical: S$ —

Disbursement: S$ — (e.g. Tow/ Independent)

Legal Cost S$

Total: S$ 20967.45 **Global Sum S$:** 20950.00

If NO or B 28, Ass. Lia :

COPY SENT 9/6/2020

1) Claim status: Normal/Reject/Private Settle

2) Report Format: CP

3) Survey fee: $350.00

FINAL PAYMENT Date/Time: Confirm with: Email ☑ Call ☐

Payee 1:	S$ 20950.00	Name 1:	Cas Garage Pte Ltd.
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	

ASS. REC. BY:

REF: Asm (AxA)

ASSIGNMENT

From: Date: 17.12.2019

Estimated Cost:

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

To Inspect Vehicle No: SMJ 8706M

at Workshop m/s Cas Garage

of 1 Kaki Bukit Ave 6 #02-22 Ubi Bay

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:

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 mvpl

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SMJ8706M. Yr Regn: 2019/ March.

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

Truck / Trailer or

Make: Hyundai Avante. c.c 1591

Colour Silver. A/C: Insured / Std / NI / NA

Sp.Reading 12198 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: KMHD841CMKU877414

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: 205/55R16.

R: 205/55R16

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

TOYO / YOKO or Kumho.

Front		Rear	
R/Bal.	06 mm	R/Bal.	06 mm
L/Bal.	06 mm	L/Bal.	06 mm
D.O.A.		D.O.I.	17/12/19.

Survey held at CAS.

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
	TP AXA.
	MV : 64K
	PV : 31.5K
	NeH: 32.5K

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.P.I. : ( )

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