15/5/2010

INS. CASE OWNER: CC 3/FU 190 22197/Kh63 | LKK: | IDAC:

ASSIGNMENT

Surveyor: Kenneth. DOI: 16/11/19. Date / Time : 17/11/19

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. :	SHC 7A670.	Claim No. :	D19007871MFSH
Name of Insured :		Policy No. :	
Insured Tel No. :	HP:	Make / Model :	
Excess Sec II :S$	D.O.A : 11/11/19.	Place of Accident :	
Is driver the owner? (YES / NO)	Nature of Accident :		

If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

SHC5991X → ______ → ______ → ______

INSRS:	INSRS:	INSRS:	INSRS:
WSP: Trans	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability : cab.	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	
	SHC5991X – [illegible]
	SHC7A670 – X
	SETTLED AND CLOSED

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:	X	
Release Voucher:	X	
Final Repair Bill:	X	
Car Rental Invoice:	X	
Towing Invoice		
LTA / GIA :		
Medical Bill:		
PIR:		
Mandate/Reject Instruction:	X	
LOD	X	
Payment Breakdown Form:		
Post-Repair Photos:		
Others:		

PRELIMINARY ADVICE	Date/Time:	Sent By:	
FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: L/S	S$ 2,800.00 (4 days)	Reduction: 8.54 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 28/04/2020	Confirm with WAI YIN	Email X Call ☐
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost: (W/GST)	S$ 2996.00		OI REAR ENDED TP
Loss of Rental (LOR):	S$ 543.84	(6 days) X $90.64	
Loss of Use (LOU):	S$ -	($ x days)	
Loss of Income (LOI):	S$ 300.00	($50.00 x 6 days)	
LOR only ☐ LOU only ☐	LOR + LOU ☐	LOR + LOI X [Tick only one]	
GIA/LTA Search	S$ -		
Medical:	S$ -		1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ -	(e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost	S$ -		3) Survey fee: $600.00
Total:	**S$** 3,839.84	**Global Sum S$:** 3,800.00	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$ 3,800.00	Name 1: TRANS-CAB AUTO SERVICES PTE LTD	
Payee 2: (Strike if N.A.)	S$ -	Name 2: -	
Payee 3: (Strike if N.A.)	S$ -	Name 3: -	

ASS. REC. BY: Kenneth

REF: FCZ/

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s Trans Cab

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:

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

Date: Person Contacted: Vehicle: IN / OUT

Veh No: SHC 5991X Yr Regn: 12, 14

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

Make: Renault Latitude c.c 1995

Colour M. White / Red A/C: Insured / Std / NI / NA

Sp.Reading 616215 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: VF1ABL15AUC 280996

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 215/60R16

R:

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

Front		Rear	
R/Bal.	9 mm	R/Bal.	8 mm
L/Bal.	9 mm	L/Bal.	8 mm
D.O.A.	11/12/19	D.O.I.	16/12/19

Survey held at

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
/	File pass to
	LISm @ 280d
	R= ($29,966.65/ 8.54%)

Date/Time, File Pass to? : Prell. Report

1) : Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

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

Survey Fee:

Transportation: __S + RS.__SI

Photos

Others

TOTAL

Report Format :

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