rs3

15/5/2010

INS. CASE OWNER: CC 3/AIG190 [illegible]

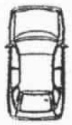
LKK:
IDAC:

ASSIGNMENT

Surveyor: [illegible] DOI: [illegible] Date / Time : [illegible]

Registered in Merimen: [illegible]

Pre-assign / CCU / FTE



Insured Vehicle No. : SMQ1974J

Name of Insured : [illegible]

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : [illegible]

Is driver the owner? (YES / NO)

Claim No. :

Policy No. : [illegible]

Make / Model : NISSAN

Place of Accident : [illegible]

Nature of Accident :

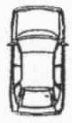
If **NO**, Driver Name / Age :

Driver Tel No. : (V/L: YES / NO)

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

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

SLZ 1847M → [illegible] → [illegible] → [illegible]



INSRS:
WSP:
Tel :
Liability : premium
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SLZ 1847M → SMQ1974J	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$ 25,694.16 (17 days) Reduction: 45 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 16.12.2020 Confirm with NADIA Email ☑ Call ☐

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : NIL If NO or B 28, Ass. Lia :

Repair Cost: w/GST S$ 27,492.75

Loss of Rental (LOR): S$ 2,000.00 (20 days) x 100.00

Loss of Use (LOU): S$ 120.00 ($ 60 x 2 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 fatal~~

Disbursement: S$ (e.g. Tow/ Independent) 2) Report Format: TP

Legal Cost S$ 3) Survey fee: 320.00

Total: S$ 29,614.75 **Global Sum S$:**

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

Payee 1:	S$ 29,614.75	Name 1:	Premium Automobiles Pte Ltd
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No:

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:

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

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SLZ1847M. of Regn: 2018 April.

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

Make: Audi A3. cc: 999

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

Sp.Reading: 41067. T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WAUZZZ8V8J1056584

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

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

Survey held at: Premium

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
	~~OD~~ Atg TP AIG.
	MV: 92k
	PV: 49.6k
	Nett: 42.4k

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. S$

☐ : Interview S$

☐ : Tech. S$

☐

Survey Fee:

Transportation