15/5/2010

		LKK:
INS. CASE OWNER:	CC 4 /AIG190 n448, k k63	IDAC:

ASSIGNMENT

Surveyor: Kenneth. DOI: 18/11/19. Date / Time: 17/11/19
Registered in Merimen: 11/11/19

Pre-assign / CCU / FTE

Insured Vehicle No. : GBJ 6998E   Claim No. : _____

Name of Insured : _____   Policy No. : _____

Insured Tel No. : _____ HP: _____   Make / Model : _____

Excess Sec II :S$ _____ D.O.A : 15/11/19   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**

SLT n445P ➞ _____ ➞ _____ ➞ _____

INSRS: WSP: hui yang Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	SLT n445P - t	GBJ69 9E - 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:	

PRELIMINARY ADVICE Date/Time:	Sent By:	Post-Repair Photos:
		Others:

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: L/S	S$ 6,100.00 (5 days) Reduction: 5,530.37/48%		Email ☐ Call ☐

FINAL SETTLEMENT	Date/Time: 15/9/2020 Confirm with BEL	Email ☐ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia : 100
Repair Cost: (W/GST)	S$ 6,527.00	OID was overtaking without proper lookout.
Loss of Rental (LOR):	S$ (days)	PIR against OID. Liability 100% against OI.
Loss of Use (LOU):	S$ 400.00 ($ 80 x 5 days)	
Loss of Income (LOI):	S$ ($ x days)	
LOR only ☐ LOU only ✓ LOR + LOU ☐ LOR + LO ☐ [Tick only one]		
GIA/LTA Search	S$ 7.45	
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: $320
Total:	S$ 6,934.45 Global Sum S$:	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$ 6,934.45	Name 1: HUI YANG MOTOR PTE LTD	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	

ASS. REC. BY: _____ REF: NG 1

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____ Hui Yang

of _____

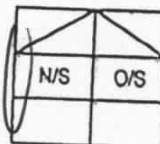Insured: _____

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.

Bal. or Market Value: _____

IDAC Accident Rport: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: O5 days   Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

| N/S | O/S |

Veh No: SLT 2445P   Yr Regn: 10, 17

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or A2

Make: Toy CHR   c.c 1797

Colour: M. Grey   A/C: Insured / Std / NI / NA

Sp.Reading 73794   T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: ZYX10 · 2097208

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modl: NII / S/Rim / STD A/Rim or _____

Tyre Size: F: B.S 235/50R18

R: TOYO

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

Front		Rear	
R/Bal.	4 mm	R/Bal.	8 mm
L/Bal.	4 mm	L/Bal.	8 mm
D.O.A. 15/12/19		D.O.I. 18/12/19	

Survey held at _____

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

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

Date / Time	Action / Instruction
	File pass to

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

1) _____

Date/Time, File Return to?   [ ] : Final Report

2) _____

Report Format :

Lump Sum / I.B.I: (S

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: [ ] : Site Insp ($ _____)

[ ] : Interview ($ _____)

[ ] : Tech Invs ($ _____)

[ ] : Weekend ($ _____)

Survey Fee: _____

Transportation: _____

S + RS.___ SI

Fixtos _____

Others _____

TOTAL