

## ASSIGNMENT

b

Surveyor:

ADRIAN

DOI: 08/01/2020

Date / Time: 08/01/2020

Registered in Merimen: 08/01/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SGC 6068S

Name of Insured : LOW SOON CHONG

Insured Tel No. : HP:

Excess Sec II :S\$ D.O.A: 06/01/2020

Is driver the owner? ( YES / ☒ NO ) Nature of Accident :

If NO, Driver Name / Age : LOW ZSE HSIEN

Driver Tel No. : +65-91158256 (V/L: YES / NO )

Claim No. : 4576112432SG

Policy No. : 2100439966

Make / Model : MAZDA 3

Place of Accident : PIE JURONG TOWN HALL EXIT  
CROSS JUNCTION TOWARDS BOI GIA REPORT: ☒ YES / NO ; TP GIA REPORT: ☒ YES / NO

Insured Liability : % Final ? Yes / No

SLK 7410D

INSRS:  
WSP: ACE  
Tel : AUTOLUTION  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time	SLK 7410D - X	SGC 6068S - X	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)	<input checked="" type="checkbox"/>
			After call ltr to OI:	<input checked="" type="checkbox"/>
			Authorisation To Act:	<input checked="" type="checkbox"/>
			Release Voucher:	<input checked="" type="checkbox"/>
			Final Repair Bill:	<input checked="" type="checkbox"/>
			Car Rental Invoice:	<input checked="" type="checkbox"/>
			Towing Invoice	<input checked="" type="checkbox"/>
			LTA / GIA :	<input checked="" type="checkbox"/>
			Medical Bill:	<input checked="" type="checkbox"/>
			PIR:	<input checked="" type="checkbox"/>
			Mandate/Reject Instruction:	<input checked="" type="checkbox"/>
			LOD	<input checked="" type="checkbox"/>
			Payment Breakdown Form:	<input checked="" type="checkbox"/>
			Post-Repair Photos:	<input checked="" type="checkbox"/>
			Others:	<input checked="" type="checkbox"/>

17/07/2020 SETTLED AND CLOSED

PRELIMINARY ADVICE		Date/Time:	Sent By:	Confirm by:
FINALIZATION		Date/Time:	Confirm with:	Confirm by:
Repair Cost:	L/S	S\$ 7,400.00	( 7 days) Reduction: 40.43 %	Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT		Date/Time: 16/07/2020	Confirm with ANNA	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Final Liability:	%	100	(Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost:	S\$	7,400.00		OID rear-ended TP
Loss of Rental (LOR):	S\$	700.00	( 7 days) X \$100.00	
Loss of Use (LOU):	S\$	( \$ x days)		
Loss of Income (LOI):	S\$	( \$ x days)		
LOR only <input checked="" type="checkbox"/>	LOU only <input type="checkbox"/>	LOR + LOU <input type="checkbox"/>	LOR + LOI <input type="checkbox"/>	[Tick only one]
GIA/LTA Search	S\$	36.45		
Medical:	S\$			
Disbursement:	S\$		(e.g. Tow/ Independent )	
Legal Cost	S\$			
Total:	S\$	8,136.45	Global Sum S\$: 8,100.00	
FINAL PAYMENT		Date/Time:	Confirm with:	Email <input type="checkbox"/> Call <input type="checkbox"/>
Payee 1:	S\$	8,100.00	Name 1: ACE AUTOLUTION PTE LTD	
Payee 2: (Strike if N.A.)	S\$		Name 2:	
Payee 3: (Strike if N.A.)	S\$		Name 3:	

1) Claim status: Normal/Reject/Private Settle

2) Report Format: TP \$320.00

3) Survey fee:

## ASSIGNMENT

(Policy Condition)

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

Bal. or Market Value:	_____		
IDAC Accident Rpt:	_____	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

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Veh No: SLK7410D      Regn: 2017 / Jan.

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

Truck / Trailer or

Make: Honda Vezel      C.C. 1496

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

Sp. Reading: £3507      T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: RU11204868

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or \_\_\_\_\_

Tyre Size: F: 215/60R16  
R: 215/60R16

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

Front \_\_\_\_\_ mm  
R/Bal. 06 mm  
L/Bal. 06 mm  
D.O.A. \_\_\_\_\_

Rear \_\_\_\_\_ mm  
R/Bal. 06 mm  
L/Bal. 06 mm  
D.O.I. 08/01/20

\*Survey held at Ace AutoSolution.

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

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

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

N/S	O/S

Date / Time	Action / Instruction
	TP A/G .
	R= \$10,903.68 / 40.43%
	L/S = \$7,400.00
	mv :
	PV :
	Nett :

R= \$10,903.68 / 40.43%  
L/S = \$7,400.00

MV :  
PV :  
Nett:

Date/Time, File Pass to?

☐ : Preli. Report  
☐ : Final Report

1)

---

Date/Time. File Return to?

Days Of Repair:

Resurvey No. of Trip:

Add Fee:  : Site Insp. 1\$

Interview (3)

□: Tech. Invs. 63

☐ Miel et al. (2000)

Survey Fee:

Transportation: