

INS. CASE OWNER: LOH CHEE HENG

CC6/AIG20000751/Kea3

LKK:

IDAC:

ASSIGNMENT

Surveyor: KENNETH

DOI: 09/01/2020

Date / Time : 09/01/2020

Registered in Merimen: 13/01/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SMD 5205T
 Name of Insured : TEE YEOW CHUAN
 Insured Tel No. : HP: _____
 Excess Sec II :S\$ _____ D.O.A : 23/12/2019
 Is driver the owner? (YES / ☒ NO) Nature of Accident : _____

Claim No. : 1170442946SG EX
 Policy No. : 1800101393 GX
 Make / Model : NISSAN SYLPHY-1.6 (A)
 Place of Accident : NEWTON CIRCUS

If NO, Driver Name / Age : TEE MIN CHERYL
 Driver Tel No. : +65-91280805 (V/L: YES / NO)

OI GIA REPORT: ☒ YES / NO ; TP GIA REPORT: ☒ YES / NO
 Insured Liability : % Final ? Yes / No

SMR 504P



INSRS:
WSP: OPTIMA
Tel : WERKZ
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SMR 504P - X	SMD 5205T - 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)	☐ ☐
			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: S\$ _____ (_____ days) Reduction: % _____ Email ☐ Call ☐				
FINAL SETTLEMENT Date/Time: _____ Confirm with: _____ Email ☐ Call ☐				
Final Liability: % _____ (Agreed / Assessed) BOLA S/N No. : _____ If NO or B 28, Ass. Lia : _____				
Repair Cost: S\$ _____				
Loss of Rental (LOR): S\$ _____ (_____ days)				
Loss of Use (LOU): S\$ _____ (\$ _____ x _____ days)				
Loss of Income (LOI): S\$ _____ (\$ _____ x _____ days)				
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]				
GIA/LTA Search S\$ _____				
Medical: S\$ _____				
Disbursement: S\$ _____ (e.g. Tow/ Independent)				
Legal Cost S\$ _____				
Total: S\$ _____ Global Sum S\$: _____				
FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email ☐ Call ☐				
Payee 1: S\$ _____ Name 1: _____				
Payee 2: (Strike if N.A.) S\$ _____ Name 2: _____				
Payee 3: (Strike if N.A.) S\$ _____ Name 3: _____				

ASS. REC. BY:

REF: **MG****251/Ke.****ASSIGNMENT**

From:

Date:

09/01/2020

Estimated Cost:

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

To Inspect Vehicle No:

SMR 504P

at Workshop m/s

Optima Werkz

of

9A Scraggon North Ave 5

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 Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

05

days

Res.: Yes or No

Lum Sum:

1.31

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Imp

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SMR 504P

Yr Regn:

12 / 19Type: ☒ M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

Ty Agor

C.C.

1496

Colour

A.D. Blue

A/C:

Insured / Std / NI / NA

Sp. Reading

462

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

N14P10 . 6695002Gen. Cond: ☒ Good / Fair / Poor / BurntSteering: ☒ Inorder / Jammed / Leaked / Burnt orBrake: ☒ Inorder / Jammed / Leaked / Burnt orModi: ☒ Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

185/60R15

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

6

mm

R/Bal.

7

mm

L/Bal.

6

mm

L/Bal.

7

mm

D.O.A.

23/12/19

D.O.I.

9/1/2020

Survey held at

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

o/s body

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

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

Preli. Report

1)

☐

Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL

Report Format:

Lump Sum / L&L (\$)

Add Fee:

☐

Site Insp (\$)

☐

Interview (\$)

☐

Tech. Invs (\$)

☐

Week end (\$)