15/5/2010

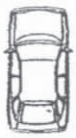
INS. CASE OWNER: SALIHA | CC3/AIG20000780/Kka3 | LKK: IDAC:

ASSIGNMENT

Surveyor: KENNETH DOI: 10/01/2020 Date / Time : 10/01/2020

Registered in Merimen: 10/01/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SKN 9115P Claim No. : 0323276589SG

Name of Insured : NG PUEY KOON Policy No. : 1800022445

Insured Tel No. : HP: Make / Model : VOLKSWAGEN SPORTSVAN 1.4CLBMT 92 TSI D

Excess Sec II :S$ D.O.A : 09/01/2020 07:50 Place of Accident : ECP TOWARDS MCE AFT FORT RD

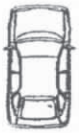
Is driver the owner? (YES / NO) Nature of Accident :

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

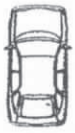
Driver Tel No. : +65-96339434 (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

SHD 5256E → → →

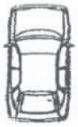
INSRS:
WSP: TRANS-CAB
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SHD 5256E - X SKN 9115P - X	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$5,706.40 (5 days) Reduction: 40,715.22/88% Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 18/8/2020 Confirm with WAI YIN Email ✓ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost: (w/ GST)	S$ 6,105.85	
Loss of Rental (LOR):	S$ 680.40 (6 days) x S$113.40	
Loss of Use (LOU):	S$ ($ x days)	
Loss of Income (LOI):	S$ ($ x days)	
LOR only ✓ LOU only ☐	LOR + LOU ☐ LOR + LOI ☐ [Tick only one]	
GIA/LTA Search	S$ 7.49	
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: $320
Total:	S$ 6,793.74 **Global Sum S$:**	

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

Payee 1:	S$ 6,793.74	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: AIG1 | 7801/21

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: 05 days Res.: Yes or No

Lum Sum: 1.B.I % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SJD 5256E Yr Regn: 01, 19.

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

Make: Toy Prius 4A c.c 1798

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

Sp.Reading 71024 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTDKB3FU1030 79322

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: Sailun 195/65R15

R: GY

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

Front		Rear	
R/Bal.	9 mm	R/Bal.	6 mm
L/Bal.	9 mm	L/Bal.	6 mm
D.O.A.	9/1/20	D.O.I.	10/1/2020

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 Cat injury

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Prell. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

Survey Fee: _____

Transportation: ___ $ + RS. ___ SI

Fixings _____

Others _____

TOTAL _____

Report Format :

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