INS. CASE OWNER: **LALITHA** | **CC4/III20001058/Dpa3**

LKK:
IDAC:

ASSIGNMENT

Surveyor: **BRYAN**   DOI: 17/01/2020   Date / Time : 16/01/2020
Registered in Merimen: 17/01/2020

Pre-assign / CCU / FTE

X

Insured Vehicle No. : **GBC 7789Y**
Name of Insured : **DELCO ART INTERIOR PTE LTD**
Insured Tel No. :   HP:
Excess Sec II :S$ D.O.A : 14/01/2020
Is driver the owner?   (YES / NO)   Nature of Accident :
If **NO**, Driver Name / Age : **SUBIRAMANI MANIKANDAN**
Driver Tel No. : **+65-91088139**   (V/L: YES / NO)

Claim No. :
Policy No. : **D18MCV0002346**
Make / Model : **MITSUBISHI CANTER-3.0 D FEA01BR2SDEB**
Place of Accident : **LOYANG AVENUE**

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

SH 7946H   ⟶   ⟶   ⟶

INSRS:
WSP: **BIFROST AUTO**
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			STAGE	DATE / PIC
	SH 7946H - NS/INC13011114/H1qn; DOA : 14.06.2013		Non-Reporting ltr (1st):	
	GBC 7789Y - X		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 [ ]

				If NO or B 28, Ass. Lia :
Final Liability:	%	(Agreed / Assessed) BOLA S/N No. :		
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$			1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$	(e.g. Tow/ Independent)		2) Report Format:
Legal Cost	S$			3) Survey fee:
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:	

COB 2023 Sure

Veh No: SH 7946 H   **Yr Regn:** June 2015

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

Truck / Trailer or

Make: Hyundai I40   **c.c** 1685

Colour Blue   **A/C:** Insured / Std / NI / NA

Sp.Reading 508375   **T/Radio:** Insured / Std / NI / NA

Eng/No: D4FDFU528464

C/No: KMHLB41UMGU075035

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: 205/60 R16

R: ─ '' ─

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

Front			Rear		
R/Bal.	5	mm	R/Bal.	5	mm
L/Bal.	5	mm	L/Bal.	5	mm
D.O.A.	14/01/2020		D.O.I.	17/01/2020	

Survey held at Bijrost Sin Ming

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

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

ASS. REG. BY: **REF:**

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: 6 days   Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: **Person Contacted:**

Date / Time	Action / Instruction
	III GBC 7789Y

Date/Time, File Pass to?   ☐ : Preli. Report

1)   ☐ : Final Report

Date/Time, File Return to?

2)

Report Format :

Lump Sum / I.B.R /?

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)
☐ : Interview ($)
☐ : Tech. Invs ($)
☐ : Weekend ($)

Survey Fee:	
Transportation:	
S + RS, SI	
Photos	
Others	
TOTAL	