

ASSIGNMENT

Surveyor:

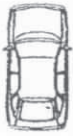
KENNETH

DOI: 17/01/2020

Date / Time : 17/01/2020

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SHA 9286H

Claim No. : D20000408MFSH

X

Name of Insured : CITYCAB PTE LTD

Policy No. : D-20094921MFSH

Insured Tel No. : _____ HP: _____

Make / Model : HYUNDAI I40

Excess Sec II :S\$

D.O.A : 15/01/2020 11:30

Place of Accident : ANG MO KIO ST 43 OPEN SPACE CARPARK

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

If NO, Driver Name / Age : CHUA KIM THO

OI GIA REPORT: ☒ YES / NO ; TP GIA REPORT: ☒ YES / NO

Driver Tel No. : +65-97622725 (V/L: YES / NO)

Insured Liability : % Final ? Yes / No

SMQ 5515E

INSRS:
WSP: Yee Anlo
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
	SMQ 5515E - X	
	SHA 9286H - NS/INC16024278/H1qbn2; DOA: 19/12/16	
	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 type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/>
	PIR:	<input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/>
	LOD	<input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/>
	Others:	<input type="checkbox"/>

PRELIMINARY ADVICE Date/Time: _____ Sent By: _____		Post-Repair Photos: <input type="checkbox"/>		Others: <input type="checkbox"/>	
FINALIZATION Date/Time: _____ Confirm with: _____		Confirm by: _____			
Repair Cost: L/S S\$ 2,900.00 (4 days) Reduction: 11,601.70 /80%		Email <input type="checkbox"/> Call <input type="checkbox"/>			
FINAL SETTLEMENT Date/Time: _____ Confirm with: _____		Email <input type="checkbox"/> Call <input type="checkbox"/>			
Final Liability: % (Agreed / Assessed) LA S/N No. :		If NO or B 28, Ass. Lia :			
Repair Cost: S\$		FCI: SUBMIT WP			
Loss of Rental (LOR): S\$ (days)					
Loss of Use (LOU): S\$ (\$ days)					
Loss of Income (LOI): S\$ (\$ days)					
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOI <input type="checkbox"/> [Tick only one]					
GIA/LTA Search S\$		1) Claim status: Normal/Reject/Private Settle			
Medical: S\$		2) Report Format: WP			
Disbursement: S\$ (e.g. Tow/ Independent)		3) Survey fee: \$419			
Legal Cost S\$					
Total: S\$		Global Sum S\$:			
FINAL PAYMENT Date/Time: _____ Confirm with: _____		Email <input type="checkbox"/> Call <input type="checkbox"/>			
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: 1021

Kenneth

ASSIGNMENT

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.

Bal. or Market Value: 8119k

IDAC Accident Rpt: _____

Consistent? : Yes or No

GIA / PR Seen: _____

Consistent? : Yes or No

Est. Repairs: 04 days

Res.: Yes or No

Lum Sum: 1.13.1 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____

Person Contacted: _____

Vehicle: IN / OUT

Date / Time

Action / Instruction

Veh No: SMQ 5515E

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

Truck / Trailer or

Make: Audi

A3

c.c

999

Colour: White

A/C: Insured / Std / NI / NA

Sp. Reading: 16.37

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WAUZZZ8V9LA06473

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: NII / S/Rlm / STD A/Rlm or

Tyre Size: F: 205/55R16

R: _____

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

TOYO / YOKO or

Front

R/Bal. 9 mm

Rear

R/Bal. 9 mm

L/Bal. 9 mm

L/Bal. 9 mm

D.O.A. 15/1/20

D.O.I. 17/1/2020

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, File Pass to?

☐

: Prell. Report

1)

Date/Time, File Return to?

☐

: Final Report

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Survey Fee:

\$170 + (4 X \$15)

Transportation:

\$50 X 3

S - RS. SI

Fees

\$39

Others

TOTAL

\$419

Report Format :

Lump Sum / I.B.I: (\$