

INS. CASE OWNER: JIMMY FOO

CC3/AIG20001369/Kha3

LKK:

IDAC:

ASSIGNMENT

Surveyor: KENNETH

DOI: 21/01/2020

Date / Time: 21/01/2020

Registered in Merimen: 22/01/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SKR 853E

Name of Insured : WONG LAI KHENG

Insured Tel No. : HP: _____

Excess Sec II :S\$ _____ D.O.A : 16/01/2020

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

If NO, Driver Name / Age : WONG YI JIA

Driver Tel No. : +65-97203088 (V/L: YES / NO)

Claim No. : 7971090250SG

Policy No. : 2100399154

Make / Model : NISSAN SYLPHY-1.6 (A)

Place of Accident : CLEMENTI AVENUE 4

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

Insured Liability : % Final ? Yes / No

SHD 9220G

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 9220G - NBA/AIG19009138/Y; DOA: 23.05.19	Non-Reporting ltr (1st):	
SKR 853E - 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:	☐
PRELIMINARY ADVICE Date/Time:	Sent By:	Post-Repair Photos: ☐
		Others: ☐
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\$		1) Claim status: Normal/Reject/Private Settle
Medical: S\$		2) Report Format:
Disbursement: S\$	(e.g. Tow/ Independent)	3) Survey fee:
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: 146112/9/14Kenneth

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: _____

IDAC Accident Rpt: _____

Consistent? : Yes or No

GIA / PR Seen: _____

Consistent? : Yes or No

Est. Repairs: _____

02 days

Res.: Yes or No

Lum Sum: _____

1-B-1 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____

Person Contacted: _____

Vehicle: IN / OUT

Veh No: P4D 92206Yr Regn: 12, 18

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

Truck / Trailer or

Make: ToyPriv

c.c

1798Colour: White

A/C: Insured / Std / NI / NA

Sp. Reading: 157565

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTD KB 3FU103077229Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orMod: Nil / S/Rim / STD / A/Rim or

Tyre Size: F: _____

R: _____

195/65R15BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or Shilun

Front

Rear

R/Bal. 9 mmR/Bal. 9 mmL/Bal. 9 mmL/Bal. 9 mmD.O.A. 16/1/20D.O.I. 21/1/2020

Survey held at _____

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

FR d/s & N/S FR

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

Date / Time

Action / Instruction

2360.90

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trlp: _____

Survey Fee: _____

Transportation: _____

S + RS. \$

Fixes

Others

TOTAL

Report Format :

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

Add Fee:

☐

: Site Insp (\$)

☐

: Interview (\$)

☐

: Tech Invs (\$)

☐

: Weekend (\$)