15/5/2010

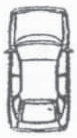
INS. CASE OWNER: JIMMY FOO | CC3/AIG20001692/Eea3 | LKK: IDAC:

## ASSIGNMENT

Surveyor: STEVE DOI: 29/01/2020 Date / Time : 29/01/2020

Registered in Merimen: 31/01/2020

**Pre-assign / CCU / FTE**



Insured Vehicle No. : SKV 1669T Claim No. : 575613907SG

Name of Insured : DULCIE CHAN SOK FERN (DULCIE CHEN SHUFEN) Policy No. : 2100427585

Insured Tel No. : HP: Make / Model : NISSAN QASHQAI 1.2 DIG-TURBO

**Excess Sec II :S$** D.O.A : 25/01/2020 11:50 Place of Accident : QUEENSWAY, BEFORE MARGARET DRIVE JUST AFTER MCDONA

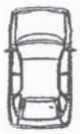
Is driver the owner? ( YES / NO ) Nature of Accident :

If **NO**, Driver Name / Age : EUGENE CHAN CHEAH HUAT OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

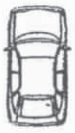
Driver Tel No. : (V/L: YES / NO ) Insured Liability : % **Final ? Yes / No**

SHC 4474D → _____ → _____ → _____

INSRS:
WSP: SMRT, WL
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

| Date/ Time | |
|---|---|
| | SHC 4474D - CC3/MSG17001599/K1qh3n2; DOA: 22.01.17 |
| | - NS/INC17000073/K1qh3s4; DOA: 29.12.16 |
| | - NS/INC16004351/K1qh3n2; DOA: 05.03.16 |
| | SKV 1669T - 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$ | | 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: | |

Surveyor Steve | REF: AIG 1647801

# 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.

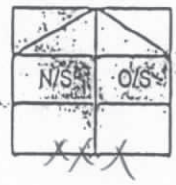
Sum Insured: Excess:

(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 Rport: Consistent? : Yes or No

GIA / PP. Seen: Consistent? : Yes or No

Est. Repairs: days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SHC 4474D Yr Regn: 9/7/14

Type: M.Car / M.Cycle / Bus / Van / Lorry / (Tax) / Prime Mover / Truck / Trailer or

Make: Toyota Prius c.c 1797

Colour Maroon A/C: Insured / Std / NI / NA

Sp.Reading 57300 T/Radio: Insured / Std / NI / NA

Eng/No:

Ch/No: JTDKN3DU405746928

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: 195/50R15

R: "

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

| Front | | Rear | |
|---|---|---|---|
| R/Bal. | 5 mm | R/Bal. | 5 mm |
| L/Bal. | 5 mm | L/Bal. | 5 mm |
| D.O.A. | 25/1/20 | D.O.I. | 29/1/20 |

Survey held at SMRT

Dos. 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 |
|---|---|
| | 01/20/2108 SKV 1669T |

Date/Time, File Pass to?

1) : Proll. Report

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee: : Site Insp ($ ) S + RS + SI

: Interview ($ ) Photos

: Tech. Invs ($ ) Others

: Weekend ($ )

TOTAL

Report Format :

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