

**ASSIGNMENT**

Surveyor:

KENNETH

DOI: 31/01/2020

Date / Time : 31/01/2020

Registered in Merimen: 02/02/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SMA 5934M

Claim No. : \_\_\_\_\_

X

Name of Insured : BENJAMIN ROLFE

Policy No. : \_\_\_\_\_

Insured Tel No. : \_\_\_\_\_ HP: 86287401

Make / Model : NISSAN QASHQAI-1.2 DIG-T (A)

Excess Sec II : S\$ \_\_\_\_\_ D.O.A : 21/01/2020 08:30

Place of Accident : FARRER ROAD TOWARDS JALAN SERENE

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

If NO, Driver Name / Age : SIMONE ROLFE

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

Driver Tel No. : +65-86287401 (V/L: YES / NO )

Insured Liability : % Final ? Yes / No

SKH 760S

INSRS:  
WSP: JIN HUAT & CO  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time		STAGE	DATE / PIC
	SMA 5934M - X	Non-Reporting ltr (1st):	
	SKH 760S - CC3/TMI15000318/K1qbu2; DOA: 03.01.2015	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"/> <input type="checkbox"/>
		After call ltr to OI:	<input type="checkbox"/> <input type="checkbox"/>
		Authorisation To Act:	<input type="checkbox"/> <input type="checkbox"/>
		Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
		Final Repair Bill:	<input type="checkbox"/> <input type="checkbox"/>
		Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
		Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
		LTA / GIA :	<input type="checkbox"/> <input type="checkbox"/>
		Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
		PIR:	<input type="checkbox"/> <input type="checkbox"/>
		Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
		LOD	<input type="checkbox"/> <input type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
		Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
		Others:	<input type="checkbox"/> <input type="checkbox"/>

PRELIMINARY ADVICE Date/Time:

Sent By:

**FINALIZATION**

Date/Time:

Confirm with:

Confirm by:

Repair Cost: L/S S\$ 1,650 ( 3 days) Reduction: 1,701/51%

Email ☐ Call ☐**FINAL SETTLEMENT** Date/Time: 20/11/2020 Confirm with ALICEEmail ☒ Call ☐

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : NIL

If NO or B 28, Ass. Lia : 100

Repair Cost: S\$ 1,650

OID made a U-turn, change lane and collided into stationary Third party vehicle.

Loss of Rental (LOR): S\$ ( days)

Loss of Use (LOU): S\$ 180 (\$ 60 x 3 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\$

Disbursement: S\$ (e.g. Tow/ Independent )

Legal Cost S\$

1) Claim status: Normal/Reject/Private Settle

2) Report Format: TP

3) Survey fee: \$320

Total: S\$ 1,830.00

Global Sum S\$:

**FINAL PAYMENT**

Date/Time:

Confirm with:

Email ☐ Call ☐

Payee 1: S\$ 1,830.00

Name 1: JIN HUAT &amp; CO

Payee 2: (Strike if N.A.) S\$

Name 2:

Payee 3: (Strike if N.A.) S\$

Name 3:

ASS. REC. BY:

REF:

116/

## ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: \_\_\_\_\_

at Workshop m/s Tin Huat

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: 03 days Res.: Yes or NoLum Sum: 1-31 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Veh No: SK14 760S Yr Regn: 17, 12Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /Truck / Trailer or AMake: Mer C180 c.c. 1585Colour: M.D. Grey A/C: Insured / Std / NI / NASp. Reading: 126274 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: WDD 2040312A 77805Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModl: NI / S/Rlm / STD A/Rlm orTyre Size: F: 225/45R17

R: \_\_\_\_\_

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

Front

R/Bal. 8 mmL/Bal. 8 mmD.O.A. 21/1/20

Survey held at \_\_\_\_\_

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

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

Date/Time, File Pass to?

☐ : Prell. Report☐ : Final Report

1)

Date/Time, File Return to?

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

Survey Fee:

Transportation:

S + R.S. \$

F.M.S.

Others

TOTAL

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

Report Format :

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