

INS. CASE OWNER:

CC6/CTI20001787/Aka3

LKK:

IDAC:

**ASSIGNMENT**Surveyor: **ADRIAN**DOI: **31/01/2020**Date / Time : **31/01/2020**

Registered in Merimen: \_\_\_\_\_

Pre-assign / CCU / FTE

Insured Vehicle No. : **YL 8517P**

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

Name of Insured : \_\_\_\_\_

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

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

Make / Model : \_\_\_\_\_

Excess Sec II :S\$ \_\_\_\_\_ D.O.A : **30/01/2020 11:15**Place of Accident : **JUNCTION OF YISHUN AVE 8 & YISHUN ST 44**

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

If NO, Driver Name / Age : \_\_\_\_\_

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

Driver Tel No. : \_\_\_\_\_

(V/L: YES / NO )

Insured Liability : % **Final ? Yes / No****GBJ 1605Y**INSRS:  
WSP: NEW HOCK TECK  
Tel : MOTOR PTE LTD  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time	STAGE		DATE / PIC
GBJ 1605Y - X			
YL 8517P - CC6/CTI19016646/Ukb3; DOA: 16.09.19	Non-Reporting ltr (1st):		
- CC4/AXA15010200/K1ua3q2; DOA: 17.06.15	Non-Reporting ltr (2nd):		
	Non-Reporting ltr (Final):		
	Notification ltr (if non-pickup):		
	Call OI:		
	After call ltr to OI:		
	<b>Documentation Check List:</b>		
	Notification ltr (if non-pickup)	Handler	Typist
	After call ltr to OI:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Authorisation To Act:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Release Voucher:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Final Repair Bill:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Car Rental Invoice:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/>	<input type="checkbox"/>
	LTA / GIA :	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/>	<input type="checkbox"/>
	PIR:	<input type="checkbox"/>	<input type="checkbox"/>
	Mandate/Reject Instruction:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	LOD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/>	<input type="checkbox"/>
<b>PRELIMINARY ADVICE</b> Date/Time:	Sent By:		Post-Repair Photos: <input type="checkbox"/>
			Others: <input type="checkbox"/>
<b>FINALIZATION</b> Date/Time:	Confirm with:		Confirm by:
Repair Cost: P/P S\$ 7,202.20 ( 6 days) Reduction: 16,020.80/69 %			Email <input type="checkbox"/> Call <input type="checkbox"/>
<b>FINAL SETTLEMENT</b> Date/Time: 19/5/2020 Confirm with: SUKYI			Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : NIL			If NO or B 28, Ass. Lia : 100
Repair Cost: (w/GST) S\$ 7,706.35			Insured driver skidded and collided into Third party vehicle.
Loss of Rental (LOR);(w/GST) S\$ 963 ( 6 days) X \$150			
Loss of Use (LOU): S\$ (\$ x days)			
Loss of Income (LOI): S\$ (\$ x days)			
LOR only <input checked="" type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]			
GIA/LTA Search S\$			1) Claim status: Normal/Reject/Private Settle
Medical: S\$			2) Report Format: TP
Disbursement: S\$ (e.g. Tow/ Independent )			3) Survey fee: \$400
Legal Cost S\$			
<b>Total:</b> S\$ 8,669.35	<b>Global Sum S\$: 8,340.00</b>		
<b>FINAL PAYMENT</b> Date/Time:	Confirm with:		Email <input type="checkbox"/> Call <input type="checkbox"/>
Payee 1: S\$ 8,340.00	Name 1: NEW HOCK TECK MOTOR PTE LTD		
Payee 2: (Strike if N.A.) S\$	Name 2:		
Payee 3: (Strike if N.A.) S\$	Name 3:		



ASS. REC. BY:

REP:

# 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.

N/S	O/S

Bal. or Market Value:

IDAC Accident Rpt: Consistent? : Yes or No

GIA / PR 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:

GBJ1605Y.

Yr Regn:

2019 Jan.

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

Truck / Trailer or

Make:

Mit Canter

c.c 2998

Colour:

White

A/C: Insured / Std / NI / NA

Sp. Reading

28416

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

FEA01BA30030

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size:

F: 195 R15

R: 165 R13.

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

TOYO / YOKO or

Front

Rear

R/Bal. 06 mm

R/Bal. 06 mm

L/Bal. 06 mm

L/Bal. 06 mm

D.O.A.

D.O.I.

30/01/20

Survey held at

NHT.

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

Front N/S.

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

Date / Time

Action / Instruction

TP Claim

MV:

PV:

Nett:

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Insp (\$

☐

: Weekend (\$

Report Format:

Lump Sum / L&L: \$

Survey Fee:

Transportation:

\$ + PS. \$

Photos

Others

TOTAL