

INS. CASE OWNER:

MERINA CHIA

CC4/FCI20001951/Aha3

LKK:

IDAC:

Surveyor:

ADRIAN

DOI:

ASSIGNMENT

4/2/2020

Date / Time :

3/2/2020

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SHA 9475D

Name of Insured : CITYCAB PTE LTD

Insured Tel No. : HP:

Excess Sec II :S\$

D.O.A : 30/01/2020 11:20

Is driver the owner?

(YES / NO)

Nature of Accident :

If NO, Driver Name / Age : KOH SIANG HUAT

Driver Tel No. :

+65-96824018

(V/L: YES / NO)

Claim No. : D20000758MFSH

Policy No. : D-20094921MFSH

Make / Model : TOYOTA PRIUS

Place of Accident : TPE SLIP ROAD TO CTE AMK

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

Insured Liability :

%

Final ? Yes / No

SMN 4841K



INSRS:

WSP: NHT

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time	STAGE	DATE / PIC
SHA9475D - CC3/AIG12022081/H1g2t2w2; DOA: 10.11.2012	Non-Reporting ltr (1st):	
SMN 4841K - 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:

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

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SMN4841K Yr Regn: 2019 / August
 Type: Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Toyota Camry C.C. 2487
 Colour: Brown A/C: Insured / Std / NI / NA
 Sp. Reading: 38759 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: AXV14701038450
 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: 215/55R17
 R: 215/55R17
 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. 04/02/20
 Survey held at NHT
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Rear O/S
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time _____ Action / Instruction
TP 1st Rep

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:

Survey Fee:

Transportation:

S + RS: \$

Photos

Other:

TOTAL

Report Format:

Lump Sum / LBJ: \$

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