

INS. CASE OWNER: **RACHEL WU**

CC4/FCI20002012/Eda3

LKK:

IDAC:

ASSIGNMENT

Surveyor: **STEVE**

DOI: **05/02/2020**

Date / Time : **04/02/2020**

Registered in Merimen: **---**

Pre-assign / CCU / FTE



Insured Vehicle No. : **SHA 340T**

Claim No. : **D20000783MFSH**

Name of Insured : **CITYCAB PTE LTD**

Policy No. : **D-20094921MFSH**

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **21/01/2020**

Place of Accident : _____

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

SLR 1067P



INSRS:
WSP: HWA PENG AUTO
Tel : SERVICE (1996)
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
	SHA 340T - CS/MSG19011516/R1td3e2; DOA: 26.06.19	
	- NA/FWD19019522/h4; DOA : 04.11.19	
	- CS/EG117022343/T1tbe2; DOA: 22.11.17	
	SLR 1067P - X	
	Type text here	
	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: 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\$ _____

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

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: _____

A.S.S. REC. BY: Steve

REF: FC1

2012

ASSIGNMENT

From: _____ Date: 5/21/2020

Veh No: SLR 1067 P Yr Regn: _____ /

Estimated Cost: _____

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

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

Truck / Trailer or

To Inspect Vehicle No: SLR 1067R

Make: Mitsubishi Lancer c.c. _____

at Workshop m/s Hwa Peng

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

of Blk 70 Woodlands Industrial Park E

Sp. Reading: 189888 T/Radio: Insured / Std / NI / NA

Insured: _____

Eng/No: _____

Policy No. _____

C/No: JMYSRCYIAGU 097247

Claims No. _____

Gen. Cond: Good / Fair / Poor / Burnt

Sum Insured: _____ Excess: _____

Steering: Inorder / Jammed / Leaked / Burnt or

(Client's Record)

Brake: Inorder / Jammed / Leaked / Burnt or

Make of Veh: 11.00 a.m (After 11.00am)

Modi: Nil / SRim / STD A/Rim or

Tyre Size: F: 205/60R16

R: 'i

(Policy Condition)

N/S	O/S
<u>XX</u>	

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

TOYO / YOKO or Newton

Remark: The veh had commenced its repair at the time of inspection.

Front

R/Bal. 5 mm

L/Bal. 5 mm

D.O.A. _____ D.O.I. 5/2/20

Survey held at Hwa Peng

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

Rear LH

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

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 mp

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Date / Time	Action / Instruction
<u>Estimate</u>	<u>GIA report sent later</u>

Date/Time, File Pass to? : Preli. Report

1) : Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Rep. Format: _____

Lump Sum / L.B.I. (\$) _____

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

Survey Fee:	_____
Transportation:	_____
\$ + RS. SI	_____
Photos	_____
Others	_____
TOTAL	_____