15/5/2010

INS. CASE OWNER: ANG Richard 6880 5450

CC4/ASM20002046/ A ga3

LKK:

IDAC: 159255

ASSIGNMENT

Surveyor: CMP

DOI: 10/1/2020

Date / Time : 05/02/2020

Registered in Merimen: —

Pre-assign / CCU / FTE x

Insured Vehicle No. : PC 1730P

Name of Insured : MEGA TOURS PTE.LTD

Insured Tel No. : _____ HP: _____

Excess Sec II :S$ _____ D.O.A : 23/01/2020 23:30

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

If NO, Driver Name / Age : RAJARAMAN VINOTHKUMAR

Driver Tel No. : +65-91012868 (V/L: YES / NO)

Claim No. : S0M02EM7

Policy No. : GA449683

Make / Model : TOYOTA HIACE-2.0 (M)

Place of Accident : TOWNSHEND ROAD TOWARDS SYEDALWI ~~ROAD~~

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

Insured Liability : % **Final ? Yes / No**

SKM 909E → _____ → _____ → _____

INSRS:
WSP: NEW HOCK
Tel : TECK
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SKM 909E - X
	PC 1730P - CC3/CTI18017174/Upb3q2; DOA: 18.09.18
	- CS3/CTI18007416/Gz4bs2; DOA: 17.04.18
	- CS3/EQI18005018/Bz4d3e2; DOA: 27.02.18
	- CC3/EQI17013843/M1ub3q2; DOA: 13.07.17
	- CS/FCI17014002/Atbn2; DOA: 13.07.17

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:	

(2388803)

ASS. REC. BY: Adrian | 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 Rport: 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: SKM909E. Yr Regn: 2012 / Nov

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

Make: BMW 740i. c.c 2979.

Colour White. A/C: Insured / Std / NI / NA

Sp.Reading 209088 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WBAYA62080C994490.

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: 265/35R20.

R: 265/35R20

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.	10/02/20.

Survey held at NH.T.

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

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

Date / Time	Action / Instruction
	~~For~~ TP A x A.
	MV : 931c
	PV : 72.61c
	Nett: 20.41c

Date/Time, File Pass to?	Date/Time, File Return to?
1)	2)
3)	4)
5)	6)
Preli. Report:	
Final Report:	

Part Prices Check:

IN	OUT

Survey Fee: Date:

Basic & Add.

__ S + RS, __ SI

Photos

Others

TOTAL