			LKK:
INS. CASE OWNER:	**Meenachi**	CC4/III20002220/Kpa3	IDAC:

ASSIGNMENT

Surveyor:	**KENNETH**	DOI: 10/02/2020	Date / Time : 07/02/2020
			Registered in Merimen: 09/02/2020

X

Pre-assign / CCU / FTE

Insured Vehicle No.	: **GBG 3422K**	Claim No. :	
Name of Insured	: **BUSINESS INTEGRATOR PTE LTD**	Policy No. :	**D18MCV0000605_01 (COMP)**
Insured Tel No.	: ___ HP: ___	Make / Model :	**MAXUS G10**
Excess Sec II :S$	D.O.A : 06/02/2020 06:40	Place of Accident :	JUNCTION OF AMK AVE 3 AND AMK STREET 23

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

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

If NO, Driver Name / Age : **ROHAIZAT BIN MAT RAHIM**   Insured Liability : ___ %   **Final ? Yes / No**

Driver Tel No. : **+65-97100623**   (V/L: YES / NO)

SCQ 26B   →   →   →

INSRS: WSP: **CHENG HOE** Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time		STAGE	DATE / PIC
	SCQ 26B - CS/MSG20000708/Kqf3e2; DOA : 08.01.2020	Non-Reporting ltr (1st):	
	GBG 3422K - X	Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
25/2	email liability clear.	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: ___

Confirm by:

FINALIZATION Date/Time: ___   Confirm with: ___   Email ☐ Call ☐

Repair Cost: A/C   S$ 41W.W (4 days) Reduction: 24 %

FINAL SETTLEMENT Date/Time: 21/5/2020 Confirm with June   Email ☐ Call ☐

Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost: W/65	S$ 4387·W		OID rear-ended TP.
Loss of Rental (LOR):	S$ ___ (days)		
Loss of Use (LOU):	S$ 32U·W ($ 8U x 4 days)		
Loss of Income (LOI):	S$ — ($ x days)		
LOR only ☐ LOU only ☐	LOR + LOU ☐ LOR + LOI ☐ [Tick only one]		
GIA/LTA Search	S$ 8·W		1) Claim status: Normal/Reject/Private Settle
Medical:	S$		2) Report Format:
Disbursement:	S$ —	(e.g. Tow/ Independent)	3) Survey fee: $ 55U·W-
Legal Cost	S$ —		
Total:	S$ 4715·W	Global Sum S$:	Email ☐ Call ☐

COPY SENT

FINAL PAYMENT Date/Time: ___   Confirm with:

		Name 1:	Cheng Hoe Motor Pte Ltd
Payee 1:	S$ 4715·00		
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	

Kenneth

ASSIGNMENT

From: _____   Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s   *Cheng Hoe*

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: $ 33k

IDAC Accident Rport: _____   Consistent? : Yes or No

GIA / PR Seen: _____   Consistent? : Yes or No

Est. Repairs: 4 days   Res.: Yes or No

Lum Sum: 26 %   3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____   Person Contacted: _____

Veh No: SCQ 263   Yr Regn: 03, 10

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

Make: Mercedes GLK   (A) E300   c.c 2996

Colour: M. Maroon   A/C: Insured / Std / NI / NA

Sp.Reading: 148.393   T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WDD 21203422 166181

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modl : NIl / S/Rim / STD A/Rim or _____

Tyre Size: F: 225/55 ZR 16

R: _____

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

Front		Rear	
R/Bal. 3	mm	R/Bal. 3	mm
L/Bal. 3	mm	L/Bal. 3	mm
D.O.A. 6/2/20		D.O.I. 16/2/2020	

Survey held at _____

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

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

Vehicle: IN / OUT

N/S   O/S

Date / Time	Action / Instruction
/	

Date/Time, File Pass to? [ ] : Prell. Report

1) _____ [ ] : Final Report

Date/Time, File Return to?

2) _____

Report Format :

Lump Sum / I.B.I: ($

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: [ ] : Site Insp ($
[ ] : Interview ($
[ ] : Tech Invs ($
[ ] : Weekend ($

Survey Fee:

Transportation:
) __ S + RS __ SI
) Fixes
) Others

TOTAL