

INS. CASE OWNER:

ASSIGNMENT

Surveyor:

RASUL

DOI: 11/02/2020

Date / Time : 10/02/2020

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

Pre-assign / CCU / FTE

X



Insured Vehicle No. : SJF 8936Y

Name of Insured : NG WENFU

Insured Tel No. : HP: +6581110825

Excess Sec II :S\$ D.O.A : 05/02/2020

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

If NO, Driver Name / Age : LOW TIAN LENG VINCENT

Driver Tel No. : +65-96626422 (V/L: YES / NO )

Claim No. : S0M02FN3

Policy No. : GA430824

Make / Model : HONDA FIT 1.3

Place of Accident : NEAR OUTSIDE NO.12 YUK TONG AVE

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

Insured Liability : % Final ? Yes / No

SMC 2106X

INSRS:  
WSP: SHU FATT  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/Time	STAGE	DATE / PIC
	SMC 2106X- X	
	SJF 8936Y - CC6/AIG10022667/Djf2v2 ; DOA: 04.11.10	
	NA/EQ18014016/z4 ; DOA : 31.07.18	
	NA/INC19000646/z4 ; DOA : 10.01.19	
	Non-Reporting ltr 1st:	
	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>	<b>Handler</b> <b>Typist</b>
	Notification ltr (if non-pickup)	<input checked="" type="checkbox"/> <input type="checkbox"/>
	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"/>
	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
	Others:	<input type="checkbox"/> <input type="checkbox"/>

17/07/2020 SETTLED AND CLOSED

<b>PRELIMINARY ADVICE</b> Date/Time:		Sent By:	
<b>FINALIZATION</b> Date/Time: Confirm with: Confirm by:			
Repair Cost: P/P	S\$ 8,759.50	( 9 days) Reduction: 45.81 %	Email <input type="checkbox"/> Call <input type="checkbox"/>
<b>FINAL SETTLEMENT</b> Date/Time: 17/07/2020 Confirm with: JULIA WONG Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>			
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 22	If NO or B 28, Ass. Lia :
Repair Cost: (W/GST)	S\$ 9,372.67		
Loss of Rental (LOR): (W/GST)	S\$ 1,070.00	( 10 days) X \$100.00	
Loss of Use (LOU):	S\$ 180.00	(\$ 60 x 3 days)	
Loss of Income (LOI):	S\$	(\$ x days)	
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/>	LOR + LOU <input checked="" type="checkbox"/>	LOR + LOI <input type="checkbox"/> [Tick only one]	
GIA/LTA Search	S\$ 7.49		
Medical:	S\$		
Disbursement:	S\$	(e.g. Tow/ Independent )	
Legal Cost	S\$		
<b>Total:</b>	S\$ 10,630.16	<b>Global Sum S\$:</b>	
<b>FINAL PAYMENT</b> Date/Time: Confirm with: Email <input type="checkbox"/> Call <input type="checkbox"/>			
Payee 1:	S\$ 10,630.16	Name 1: SHU FATT AUTO WORKS	
Payee 2: (Strike if N.A.)	S\$	Name 2:	
Payee 3: (Strike if N.A.)	S\$	Name 3:	

1) Claim status: Normal/Reject/Private Settle

2) Report Format: TP

3) Survey fee: \$350.00

ASS. REC. BY:

REF:

Asm (A x H)

8640

## ASSIGNMENT

From:

Date:

11.2.2020

Estimated Cost:

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

To Inspect Vehicle No:

SMC 2106X

at Workshop m/s

SHU FATT

of

BLK 1009 Bukit merah lane 3 #01-90

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

morning

(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

(mp)

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SMC 2106X

Yr Regn:

2018 JUN

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

Truck / Trailer or

Make:

NISSAN QASHQAI 1.2 DIG

C.C

1197

Colour

RED

A/C:

Insured / Std / NI / NA

Sp. Reading

49982

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

SANTKA 311W2316265

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:

215/60R17

R:

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

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

05/02/2020

D.O.I.

11/02/2020

Survey held at

SHU FATT

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

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

Date / Time

Action / Instruction

P/P = \$8,759.50

R = \$7,404.41 / 45.81%

Date/Time, File Pass to?



Preli. Report

1)



Final Report

Date/Time, File Return to?

2)

Report Format:

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

Days Of Repair:

Resurvey No. of Trip:

Add Fee:



Site Insp (\$)



Interview (\$)



Tech. Invs (\$)



Weekend (\$)

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL