15/5/2010

INS. CASE OWNER: Chan Kian Meng | CC4/AIG20002361/Kka3 | LKK: | IDAC:

ASSIGNMENT

Surveyor: KENNETH | DOI: 24/02/2020 | Date / Time : 10.02.2020

Registered in Merimen: 11.02.2020

Pre-assign / CCU / FTE

Insured Vehicle No. : SKD 1543S | Claim No. : 5894935003SG

Name of Insured : THANG JUE CHEW | Policy No. : 1700067825

Insured Tel No. : | HP: | Make / Model : NISSAN SYLPHY-1.5 (A)

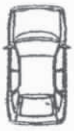
Excess Sec II :S$ | D.O.A : 07/02/2020 | Place of Accident : KPE ENTRANCE FROM PIE

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

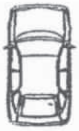
If **NO**, Driver Name / Age : THANG DING YANG | OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : +65-91545323 (V/L: YES / NO) | Insured Liability : % **Final ? Yes / No**

SJC 8266M → → →



INSRS:
WSP: AUTOWORX HOUSE
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SJC 8266M - X SKD 15463S - X	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: L/S | S$ 6200.00 (4 days) Reduction: 11,110.80 % 64 | Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 07/12/2020 Confirm with JAKE | Email ☑ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 6200.00	
Loss of Rental (LOR):	S$ 428.00 (4 days) x $107.00 W/GST	
Loss of Use (LOU):	S$ ($ x days)	
Loss of Income (LOI):	S$ ($ x days)	
LOR only ☑ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ **[Tick only one]**		
GIA/LTA Search	S$ 2.00	
Medical:	S$	1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ (e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost	S$	3) Survey fee: $320.00
Total:	S$ 6630.00 **Global Sum S$:**	

FINAL PAYMENT Date/Time: Confirm with: Email ☑ Call ☐

Payee 1:	S$ 6630.00	Name 1:	AUTOWORX HOUSE
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	

ASS. REC. BY: Kenneth | REF: A161

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Auto Work

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: 04 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: 08/20 Person Contacted: _____ Vehicle: IN / OUT

Veh No: SJC 8266M Yr Regn: 09.09

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

Make: Mer C180 A/T c.c 1597

Colour Matt P.Grey A/C: Insured / Std / NI / NA

Sp.Reading 16.5582 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WDD 2040452A 318347

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: Wanglake _____

R: 225/45 R17

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

Front		Rear	
R/Bal.	9 mm	R/Bal.	8 mm
L/Bal.	9 mm	L/Bal.	8 mm
D.O.A.	7/2/20	D.O.I.	26/2/2020

Survey held at _____

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
/	

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Prell. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

Survey Fee:

Transportation: $ - RS, SI

Fixings

Others

TOTAL

Report Format :

Lump Sum / I.B.I: (S _____)