

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

Name of Insured : THANG JUE CHEW

Insured Tel No. : HP:

Excess Sec II :S\$

D.O.A : 07/02/2020

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

If NO, Driver Name / Age : THANG DING YANG

Driver Tel No. : +65-91545323 (V/L: YES / NO)

Claim No. : 5894935003SG

Policy No. : 1700067825

Make / Model : NISSAN SYLPHY-1.5 (A)

Place of Accident : KPE ENTRANCE FROM PIE

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

Insured Liability : % Final ? Yes / No

SJC 8266M



INSRS:

WSP:

Tel :

Liability :

RMKS:

AUTOWORX
HOUSE

INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time	SJC 8266M - X	SKD 15463S - X	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\$		1) Claim status: Normal/Reject/Private Settle	
Medical:	S\$		2) Report Format:	
Disbursement:	S\$	(e.g. Tow/ Independent)	3) Survey fee:	
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:		

ASS. REC. BY:

REF: A/6/1

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. _____

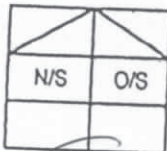
Sum Insured: _____

Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

Bal. or Market Value: _____

IDAC Accident Rpt: _____

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: 08/12/19

Person Contacted: _____

Vehicle: IN / OUT

Veh No: PTC 82604Yr Regn: 09, 09Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Traller or _____

Make: Mer C180

c.c

1597Colour: Mon P. Grey

A/C: Insured / Std / NI / NA

Sp. Reading: 16.5582

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WDD 2040452A 31834Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt or _____Brake: In order / Jammed / Leaked / Burnt or _____Modl: NII / S/Rim / STD A/Rim or _____Tyre Size: WetlakeR: 225/45 R17BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or Continental

Front

Rear

R/Bal. 9 mmR/Bal. 8 mmL/Bal. 9 mmL/Bal. 8 mmD.O.A. 7/12/20D.O.I. 24/2/2020

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?

☐

: Prell. Report

1)

Date/Time, File Return to?

☐

: Final Report

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:

☐

: Site Insp (\$ _____)

☐

: Interview (\$ _____)

☐

: Tech Invs (\$ _____)

☐

: Weekend (\$ _____)

Survey Fee: _____

Transportation: _____

S + RS. \$ _____

Fees

Others

TOTAL

Report Format :

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