15/5/2010

INS. CASE OWNER:

CC3/AIG20002917/Kea3

LKK:

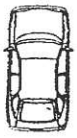
IDAC:

ASSIGNMENT

Surveyor: KENNETH DOI: 03.02.2015 Date / Time : 03.02.2015

Registered in Merimen: 20/02/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SGJ 7933B Claim No. : 5862208839SG

Name of Insured : EUGENE YUEN YEW CHUNG Policy No. : 2100384501

Insured Tel No. : _____ HP: _____ Make / Model : NISSAN NOTE-1.2 DIG-S (A)

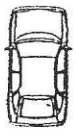
Excess Sec II :S$ _____ D.O.A : 02/01/2015 11:50 Place of Accident : ALONG LOWER DELTA ROAD ~~TOWARDS JLN BUKIT MERAH~~

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

If **NO**, Driver Name / Age : VALERIE WEE HUI LING OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

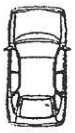
Driver Tel No. : +65-97637632 (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

SHB 9753X → _____ → _____ → _____

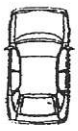


INSRS:
WSP: TRANS-CAB AUTO
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SHB9753X - CC3/AIG14000097/Kpa3w2 DOA: 31/12/2013	Non-Reporting ltr (1st):	
	SGJ 7933B - CI1/TPD16024898/D DOA : 02/01/2015	Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI: ASHER 27/03	
		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: KSC
Repair Cost: P/P	S$ 18,676.73 (20 days) Reduction: 54 %		Email ✓ Call ☐
FINAL SETTLEMENT	Date/Time:	Confirm with	Email ☐ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 5		If NO or B 28, Ass. Lia :
Repair Cost: w/hsg	S$ 19,984.10	OID MAKE A RIGHT TURN @ CONTROL JUNCTION HIT TP.	
Loss of Rental (LOR):	S$ (days) x $135.68		
Loss of Use (LOU):	S$ - ($ x days)		
Loss of Income (LOI):	S$ ($ 50 x days)		
LOR only ☐ LOU only ☐	LOR + LOU ☐ LOR + LOI ✓ [Tick only one]		
GIA/LTA Search	S$6.00		
Medical:	S$ -		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:	

(25/04/05)

ASS. REC. BY:

REF:

ASSIGNMENT

Kenneth

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Trans Cab

of _____

Insured: _____

Policy No. _____

Claims No. _____

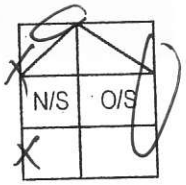
Sum Insured: _____ Excess: _____

(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 Rport: _____ Consistent? : Yes or No

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

Est. Repairs: 20 14 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: SJB9753X Yr Regn: 07, 13

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

Truck / Trailer or _____

Make: Mercedes Benz C.C 1993

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

Sp.Reading 245879 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: VF1ABC15AUC273225

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: 215/60R16

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or Rovelo

Front		Rear	
R/Bal.	8 mm	R/Bal.	7 mm
L/Bal.	8 mm	L/Bal.	7 mm
D.O.A.		D.O.I.	3/2/15

Survey held at _____

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

O/S body & Rim

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

Date / Time	Action / Instruction
	P/P +18,676.73 CRED:+ 21,541.10 54%)

Date/Time, File **Pass** to?

1) _____ 2) _____

3) _____ 4) _____

5) _____ 6) _____

Preli. Report:

Final Report:

Date/Time, File **Return** to?

TOTAL LOSS

KIV FOR LOD

Survey Fee: Date:

Basic & Add.	
__ S + RS, __ SI	
Photos	
Others	
TOTAL	