

ASSIGNMENT

Surveyor: KENNETH

DOI: 19/02/2020

Date / Time : 19/02/2020

Registered in Merimen: 20/02/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SLK 2259H

Name of Insured : _____

Insured Tel No. : _____ HP: _____

Excess Sec II :S\$ _____ D.O.A : 17/02/2020 06:30

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

If NO, Driver Name / Age : _____

Driver Tel No. : _____

(V/L: YES / NO)

Claim No. : 8892712744SG

Policy No. : _____

Make / Model : _____

Place of Accident : BRADDELL HILL CONDO DRIVEAWY

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

Insured Liability : % Final ? Yes / No

SHF 620J

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

Date/ Time	STAGE	DATE / PIC
	SLK 2259H - X	
	SHF 620J - CC3/EQI18005026/Kpa3q2; 14.3.18	
	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)	<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"/>
03/07/2020	SETTLED AND CLOSED	
PRELIMINARY ADVICE	Date/Time:	Sent By:
FINALIZATION	Date/Time:	Confirm with:
Repair Cost: L/S	S\$ 2,250.00 (2 days) Reduction: 90.16 %	Confirm by: Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT	Date/Time: 02/07/2020 Confirm with WAI YIN	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 9	If NO or B 28, Ass. Lia :
Repair Cost: (W/GST)	S\$ 2,407.50	OI turn from minor road
Loss of Rental (LOR):	S\$ 162.26 (2 days) x \$81.13	
Loss of Use (LOU):	S\$ (\$ x days)	
Loss of Income (LOI):	S\$ 100.00 (\$ 50 x 2 days)	
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/>	LOR + LOU <input type="checkbox"/> LOR + LOI <input checked="" type="checkbox"/> [Tick only one]	
GIA/LTA Search	S\$ 7.49	
Medical:	S\$ (e.g. Tow/ Independent)	1) Claim status: Normal/Reject/Private Settle
Disbursement:	S\$	2) Report Format: TP
Legal Cost	S\$	3) Survey fee: \$320.00
Total:	S\$ 2,677.25 Global Sum S\$: 2,600.00	Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL PAYMENT	Date/Time:	Confirm with:
Payee 1:	S\$ 2,600.00	Name 1: TRANS-CAB AUTO SERVICES PTE LTD
Payee 2: (Strike if N.A.)	S\$	Name 2:
Payee 3: (Strike if N.A.)	S\$	Name 3:

ASS. REC. BY:

REF:

AIG

Kenneth

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.

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent?: Yes or No

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

Est. Repairs: 02 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: S/H 6203 Yr Regn: 06, 14

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

Truck / Trailer or

Make: Renault Latitude c.c. 1995Colour M. White / Red A/C: Insured / Std / NI / NASp. Reading 638930 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: VFI ABL 15AUC 001715Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModl: Nil / S/Rlm / STD A/Rlm orTyre Size: F: 215/60R16

R: _____

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

Front

Rear

R/Bal. 9 mm R/Bal. 9 mmL/Bal. 9 mm L/Bal. 9 mmD.O.A. 17/2/20 D.O.I. 19/2/2020

Survey held at _____

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
O/S 1st

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

Date / Time Action / Instruction

11 Dup @ 225d

Date/Time, File Pass to?

☐ : Prell. Report

Days Of Repair: _____

1)

☐ : Final Report

Resurvey No. of Trlp: _____

Date/Time, File Return to?

2)

Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech Invs (\$ _____)☐ : Weekend (\$ _____)

Survey Fee: _____

Transportation: _____

S + RS. \$ _____

Fees

Others

TOTAL

Report Format :

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