15/5/2010

INS. CASE OWNER: CC6/EQI20002958/Aga3

LKK:

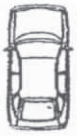
IDAC:

ASSIGNMENT

Surveyor: ADRIAN DOI: 19/02/2020 Date / Time : 19/02/2020

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : SFY 2020B

Name of Insured :

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 18/02/2020 13:40

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

If **NO**, Driver Name / Age :

Driver Tel No. : (V/L: YES / NO)

Claim No. :

Policy No. :

Make / Model :

Place of Accident :

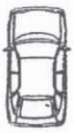
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % **Final ? Yes / No**

SML 9623B →

INSRS:
WSP: GREEN FOREST
Tel : AUTOMOBILE
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SML 9623B - X SFY 2020B - 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$ 2400.00 (4 days)	Reduction: 6005.00 % 71	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 13/07/2020	Confirm with CHRIS	Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 1	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 2568.00	(W/GST)	
Loss of Rental (LOR):	S$ (days)		
Loss of Use (LOU):	S$ 300.00 ($ 50.00 x 6 days)		
Loss of Income (LOI):	S$ ($ x days)		
LOR only ☐ LOU only ☑	LOR + LOU ☐	LOR + LOI ☐ [Tick only one]	
GIA/LTA Search	S$ 7.45		
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: $400.00
Total:	**S$** 2875.45	**Global Sum S$:** 2850.00	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☑ Call ☐
Payee 1:	S$ 2850.00	Name 1:	GREEN FOREST AUTOMOBILE PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	

ASS. REC. BY: | REF:

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 Rport: 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

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SML9623B Yr Regn: 2019 June.

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

Truck / Trailer or

Make: Toyota Vios c.c 1456

Colour Brown A/C: Insured / S

Sp.Reading 69853 T/Radio: Insured / S

Eng/No:

C/No: MR2B23F3X0118992

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: 185/60R15

R: 185/60R15

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / ONTSU / PIR / S

TOYO / YOKO or Westlake.

Front		Rear	
R/Bal.	06 mm	R/Bal.	06
L/Bal.	06 mm	L/Bal.	06
D.O.A		D.O.I	19/02/20.

Survey held at Green Forest.

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

The U/C / Chassis frame / Body Structure affected of

Date / Time	Action / Instruction
	TPFQ.
	MV :
	PV :
	Nett.

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Insp ($)

☐ : Weekend ($)

Report Format :

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

Survey Fee:

Transportation:

$ + RS $

Photo:

Others:

TOTAL: