

INS. CASE OWNER: Bernard Ler

CC4/AIG20003096/A *a3

LKK:
IDAC:

Surveyor:

DOI:

ASSIGNMENT

b

Date / Time : 21/02/2020

Registered in Merimen: 24/02/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SMM 2007X

Claim No. : 3227531568SG

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :S\$

D.O.A : 20/02/2020 10:55

Place of Accident : ORCHARD RD

Is driver the owner? (YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

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

Driver Tel No. :

(V/L: YES / NO)

Insured Liability : % Final ? Yes / No

SLS 6912L

INSRS:
WSP: DYNAMIC
Tel : AUTOWORK
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/Time	SLS 6912L - X	SMM 2007X - 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)	<input checked="" type="checkbox"/>
			After call ltr to OI:	<input checked="" type="checkbox"/>
			Authorisation To Act:	<input checked="" type="checkbox"/>
			Release Voucher:	<input checked="" type="checkbox"/>
			Final Repair Bill:	<input checked="" type="checkbox"/>
			Car Rental Invoice:	<input type="checkbox"/>
			Towing Invoice	<input type="checkbox"/>
			LTA / GIA :	<input checked="" type="checkbox"/>
			Medical Bill:	<input type="checkbox"/>
			PIR:	<input type="checkbox"/>
			Mandate/Reject Instruction:	<input checked="" type="checkbox"/>
			LOD	<input checked="" type="checkbox"/>
			Payment Breakdown Form:	<input type="checkbox"/>
			Post-Repair Photos:	<input type="checkbox"/>
			Others:	<input type="checkbox"/>
24/07/2020	SETTLED AND CLOSED			

PRELIMINARY ADVICE Date/Time:		Sent By:		STAGE		DATE / PIC	
FINALIZATION Date/Time:		Confirm with:		Confirm by:			
Repair Cost:	L/S S\$ 3,600.00	(5 days)	Reduction: 86 %	Email <input checked="" type="checkbox"/>	Call <input type="checkbox"/>		
FINAL SETTLEMENT Date/Time: 24/07/2020		Confirm with MICHELLE		Email <input checked="" type="checkbox"/>	Call <input type="checkbox"/>		
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 15		If NO or B 28, Ass. Lia :			
Repair Cost:	S\$ 3,852.00			OI changed lane			
Loss of Rental (LOR):	S\$ (days)						
Loss of Use (LOU):	S\$ 400.00 (\$ 80 x 5 days)						
Loss of Income (LOI):	S\$ (\$ x days)						
LOR only <input type="checkbox"/> LOU only <input checked="" type="checkbox"/>	LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [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: \$320.00			
Total:	S\$ 4,259.45	Global Sum S\$: 4,250.00					
FINAL PAYMENT Date/Time:		Confirm with:		Email <input type="checkbox"/> Call <input type="checkbox"/>			
Payee 1:	S\$ 4,250.00	Name 1: DYNAMIC AUTOWORK 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 Rpt: _____ 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: SLS6912L Yr Regn: 2017 / Sept.Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: Toyota CHR C.C. 1797Colour: White A/C: Insured / Std / NI / NASp. Reading: 86904 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: ZYX102046469 *Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt or _____Brake: In order / Jammed / Leaked / Burnt or _____Modi: Nil / SRim / STD A/Rim or _____Tyre Size: F: 215/60R17R: 215/60R17BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or _____

Front

Rear

R/Bal. 06 mm R/Bal. 06 mmL/Bal. 06 mm L/Bal. 06 mmD.O.A. _____ D.O.I. 02/03/20Survey held at DynamicDes. 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

7PA16.

L/S = \$3,600.00

R = \$21,565.38 / 86%

MV:

PV:

Nett:

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL

Report Format: _____

Lump Sum / L.P.R. (\$) _____

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