

INS. CASE OWNER:

ASSIGNMENT

Surveyor: KENNETHDOI: 25/02/2020Date / Time: 25/02/2020Registered in Merimen: —

Pre-assign / CCU / FTE

X - NTUC

Insured Vehicle No. : SHB 8899RClaim No. : Name of Insured : PREMIER TAXIS PTE LTDPolicy No. : Insured Tel No. : HP: Make / Model :

Excess Sec II :S\$

D.O.A : 24/02/2020 08:30Place of Accident : AIRPORT BLVD T3 TAXI QUEUEIs driver the owner? (YES / NO) Nature of Accident :

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

If NO, Driver Name / Age :

Insured Liability : % Final ? Yes / No

Driver Tel No. :

(V/L: YES / NO)

SHD 596G

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	SHB 8899R - X	SHD 596G - 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: <u> </u> Sent By: <u> </u>				
FINALIZATION Date/Time: <u> </u> Confirm with: <u> </u> Confirm by: <u> </u>				
Repair Cost: S\$ <u> </u> (<u> </u> days) Reduction: <u> </u> % Email ☐ Call ☐				
FINAL SETTLEMENT Date/Time: <u> </u> Confirm with: <u> </u> Email ☐ Call ☐				
Final Liability: % (Agreed / Assessed) BOLA S/N No. : <u> </u> If NO or B 28, Ass. Lia : <u> </u>				
Repair Cost: S\$ <u> </u>				
Loss of Rental (LOR): S\$ <u> </u> (<u> </u> days)				
Loss of Use (LOU): S\$ <u> </u> (\$ <u> </u> x <u> </u> days)				
Loss of Income (LOI): S\$ <u> </u> (\$ <u> </u> x <u> </u> days)				
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]				
GIA/LTA Search S\$ <u> </u>				
Medical: S\$ <u> </u>				
Disbursement: S\$ <u> </u> (e.g. Tow/ Independent)				
Legal Cost S\$ <u> </u>				
Total: S\$ <u> </u> Global Sum S\$: <u> </u> Email ☐ Call ☐				
FINAL PAYMENT Date/Time: <u> </u> Confirm with: <u> </u>				
Payee 1: S\$ <u> </u> Name 1: <u> </u>				
Payee 2: (Strike if N.A.) S\$ <u> </u> Name 2: <u> </u>				
Payee 3: (Strike if N.A.) S\$ <u> </u> Name 3: <u> </u>				

ASS. REC. BY:

REF:

16/11/17 (K. (N. (M. (P. (S. (T. (U. (V. (W. (X. (Y. (Z. (AA. (AB. (AC. (AD. (AE. (AF. (AG. (AH. (AI. (AJ. (AK. (AL. (AM. (AN. (AO. (AP. (AQ. (AR. (AS. (AT. (AU. (AV. (AW. (AX. (AY. (AZ. (BA. (BB. (BC. (BD. (BE. (BF. (BG. (BH. (BI. (BJ. (BK. (BL. (BM. (BN. (BO. (BP. (BQ. (BR. (BS. (BT. (BU. (BV. (BW. (BX. (BY. (BZ. (CA. (CB. (CC. (CD. (CE. (CF. (CG. (CH. (CI. (CJ. (CK. (CL. (CM. (CN. (CO. (CP. (CQ. (CR. (CS. (CT. (CU. (CV. (CW. (CX. (CY. (CZ. (DA. (DB. (DC. (DD. (DE. (DF. (DG. (DH. (DI. (DJ. (DK. (DL. (DM. (DN. (DO. (DP. (DQ. (DR. (DS. (DT. (DU. (DV. (DW. (DX. (DY. (DZ. (EA. (EB. (EC. (ED. (EE. (EF. (EG. (EH. (EI. (EJ. (EK. (EL. (EM. (EN. (EO. (EP. (EQ. (ER. (ES. (ET. (EU. (EV. (EW. (EX. (EY. (EZ. (FA. (FB. (FC. (FD. (FE. (FF. (FG. (FH. (FI. (FJ. (FK. (FL. (FM. (FN. (FO. (FP. (FQ. (FR. (FS. (FT. (FU. (FV. (FW. (FX. (FY. (FZ. (GA. (GB. (GC. (GD. (GE. (GF. (GG. (GH. (GI. (GJ. (GK. (GL. (GM. (GN. (GO. (GP. (GQ. (GR. (GS. (GT. (GU. (GV. (GW. (GX. (GY. (GZ. (HA. (HB. (HC. (HD. (HE. (HF. (HG. (HH. (HI. (HJ. (HK. (HL. (HM. (HN. (HO. (HP. (HQ. (HR. (HS. (HT. (HU. (HV. (HW. (HX. (HY. (HZ. (IA. (IB. (IC. (ID. (IE. (IF. (IG. (IH. (II. (IJ. (IK. (IL. (IM. (IN. (IO. (IP. (IQ. (IR. (IS. (IT. (IU. (IV. (IW. (IX. (IY. (IZ. (JA. (JB. (JC. (JD. (JE. (JF. (JG. (JH. (JI. (JJ. (JK. (JL. (JM. (JN. (JO. (JP. (JQ. (JR. (JS. (JT. (JU. (JV. (JW. (JX. (JY. (JZ. (KA. (KB. (KC. (KD. (KE. (KF. (KG. (KH. (KI. (KJ. (KK. (KL. (KM. (KN. (KO. (KP. (KQ. (KR. (KS. (KT. (KU. (KV. (KW. (KX. (KY. (KZ. (LA. (LB. (LC. (LD. (LE. (LF. (LG. (LH. (LI. (LJ. (LK. (LL. (LM. (LN. (LO. (LP. (LQ. (LR. (LS. (LT. (LU. (LV. (LW. (LX. (LY. (LZ. (MA. (MB. (MC. (MD. (ME. (MF. (MG. (MH. (MI. (MJ. (MK. (ML. (MM. (MN. (MO. (MP. (MQ. (MR. (MS. (MT. (MU. (MV. (MW. (MX. (MY. (MZ. (NA. (NB. (NC. (ND. (NE. (NF. (NG. (NH. (NI. (NJ. (NK. (NL. (NM. (NO. (NP. (NQ. (NR. (NS. (NT. (NU. (NV. (NW. (NX. (NY. (NZ. (OA. (OB. (OC. (OD. (OE. (OF. (OG. (OH. (OI. (OJ. (OK. (OL. (OM. (ON. (OO. (OP. (OQ. (OR. (OS. (OT. (OU. (OV. (OW. (OX. (OY. (OZ. (PA. (PB. (PC. (PD. (PE. (PF. (PG. (PH. (PI. (PJ. (PK. (PL. (PM. (PN. (PO. (PP. (PQ. (PR. (PS. (PT. (PU. (PV. (PW. (PX. (PY. (PZ. (QA. (QB. (QC. (QD. (QE. (QF. (QG. (QH. (QI. (QJ. (QK. (QL. (QM. (QN. (QO. (QP. (QQ. (QR. (QS. (QT. (QU. (QV. (QW. (QX. (QY. (QZ. (RA. (RB. (RC. (RD. (RE. (RF. (RG. (RH. (RI. (RJ. (RK. (RL. (RM. (RN. (RO. (RP. (RQ. (RR. (RS. (RT. (RU. (RV. (RW. (RX. (RY. (RZ. (SA. (SB. (SC. (SD. (SE. (SF. (SG. (SH. (SI. (SJ. (SK. (SL. (SM. (SN. (SO. (SP. (SQ. (SR. (SS. (ST. (SU. (SV. (SW. (SX. (SY. (SZ. (TA. (TB. (TC. (TD. (TE. (TF. (TG. (TH. (TI. (TJ. (TK. (TL. (TM. (TN. (TO. (TP. (TQ. (TR. (TS. (TT. (TU. (TV. (TW. (TX. (TY. (TZ. (UA. (UB. (UC. (UD. (UE. (UF. (UG. (UH. (UI. (UJ. (UK. (UL. (UM. (UN. (UO. (UP. (UQ. (UR. (US. (UT. (UU. (UV. (UW. (UX. (UY. (UZ. (VA. (VB. (VC. (VD. (VE. (VF. (VG. (VH. (VI. (VJ. (VK. (VL. (VM. (VN. (VO. (VP. (VQ. (VR. (VS. (VT. (VU. (VV. (VW. (VX. (VY. (VZ. (WA. (WB. (WC. (WD. (WE. (WF. (WG. (WH. (WI. (WJ. (WK. (WL. (WM. (WN. (WO. (WP. (WQ. (WR. (WS. (WT. (WU. (WV. (WW. (WX. (WY. (WZ. (XA. (XB. (XC. (XD. (XE. (XF. (XG. (XH. (XI. (XJ. (XK. (XL. (XM. (XN. (XO. (XP. (XQ. (XR. (XS. (XT. (XU. (XV. (XW. (XX. (XY. (XZ. (YA. (YB. (YC. (YD. (YE. (YF. (YG. (YH. (YI. (YJ. (YK. (YL. (YM. (YN. (YO. (YP. (YQ. (YR. (YS. (YT. (YU. (YV. (YW. (YX. (YY. (YZ. (ZA. (ZB. (ZC. (ZD. (ZE. (ZF. (ZG. (ZH. (ZI. (ZJ. (ZK. (ZL. (ZM. (ZN. (ZO. (ZP. (ZQ. (ZR. (ZS. (ZT. (ZU. (ZV. (ZW. (ZX. (ZY. (ZZ. (

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 Report: _____ Consistent? : Yes or No

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

Est. Repairs: 07 days Res.: Yes or NoLum Sum: 1.2.1 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: S140 5986 Yr Regn: 11, 17

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 228501 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: VF1ABL15AUC. 283244Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orMod: M/S/Rim / STD A/Rim orTyre Size: F: Pirelli 215/60R16R: Pirelli

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

TOYO / YOKO or

Front

R/Bal. 8 mmL/Bal. 8 mmD.O.A. 24/2/20

Survey held at

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

Acc O/S

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

Date / Time Action / Instruction

Date/Time, File Pass to?

☐ : Prel. Report☐ : Final Report

1) Date/Time, File Return to?

2) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

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

Survey Fee:

Transportation:

S + RS. \$

F.M.S.

Others

TOTAL

Report Format :

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