15/5/2010

INS. CASE OWNER: CHAN KIAN MENG | CC3/AIG20003341/Kka3 | LKK: IDAC:

ASSIGNMENT

Surveyor: KENNETH DOI: 27/02/2020 Date / Time : 27/02/2020

Registered in Merimen: 28/02/2020

Pre-assign / CCU / FTE

Insured Vehicle No. : SLE 2341J

Name of Insured : LIM GEK HONG LUCY

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 26/02/2020 13:45

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

If **NO**, Driver Name / Age : TAN GUO XING,DANIEL

Driver Tel No. : +65-82887936 (V/L: YES / NO)

Claim No. : 7655900309SG

Policy No. : 2100474713

Make / Model : SUZUKI SWIFT GLX 1.4 AT

Place of Accident : SENGKANG EAST WAY TURNING INTO SENGKANG SQUARE

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

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

SHD 56Z → _____ → _____ → _____

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	
	SHD 56Z - CC3/AIG15012256/Kha3q2 ; 16/07/2015 CC3/AIG16012183/K1hg3q2 ; 30/6/2016
	SLE 2341J - 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: Sent By:

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: L/S S$ 4300.00 (3 days) Reduction: 22,250.14 % 84 Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 29/12/2020 Confirm with WAI YIN Email ☑ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 4601.00 W/GST	
Loss of Rental (LOR):	S$ 193.98 (2 days) x $96.99	(OI TURNING ON THE STRAIGHT ONLY LANE TP DRIVING STRAIGHT/TURN LANE)
Loss of Use (LOU):	S$ ($ x days)	
Loss of Income (LOI):	S$ 100.00 ($ 50 x 2 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: $320.00
Total:	**S$** 4902.43 **Global Sum S$:**	

FINAL PAYMENT Date/Time: Confirm with: Email ☑ Call ☐

Payee 1:	S$ 4902.43	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: Kenneth | REF: AIG/

ASSIGNMENT

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.

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rport: _____ Consistent? : Yes or No

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

Est. Repairs: 03 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SJTD 567 Yr Regn: 03, 15

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or "A"

Make: Renault Latitude c.c 1995

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

Sp.Reading 43264 P T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: VF1ABL15AUC 281583

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modl: MII / 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 Sailun

Front		Rear	
R/Bal.	9 mm	R/Bal.	9 mm
L/Bal.	9 mm	L/Bal.	9 mm
D.O.A.	26/2/20	D.O.I.	27/2/2020

Survey held at _____

Des. 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
/	L/Sup 84300/=

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Prell. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

Report Format :

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

Survey Fee: _____

Transportation: _____ $ - RS. _____ SI

Fixings _____

Others _____

TOTAL _____