

ASSIGNMENT

Surveyor:

MARCUS

DOI: 03/03/2020

Date / Time : 28.02.2020

Registered in Merimen: 02/03/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : YQ 521C

Claim No. : _____

Name of Insured : SING LIAN CRANES PTE LTD

Policy No. : D19MFL001733

Insured Tel No. : _____ HP: _____

Make / Model : MITSUBISHI CANTER-3.0 D FEB21EA10314

Excess Sec II :S\$ _____ D.O.A : 24/02/2020 13:30

Place of Accident : CTE TOWARDS BRADDELL RD SLIP RD

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

If NO, Driver Name / Age : CHELLIAH SATHISHKUMAR

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

Driver Tel No. : +65-91212603 (V/L: YES / NO)

Insured Liability : % Final ? Yes / No

SBY 9900M



INSRS: SUPER-ZEE
WSP: MOTOR
Tel : SERVICE
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SBY 9900M - CC6/AIG16012351/Uza3q2; 28.6.16		STAGE	DATE / PIC
	YQ 521C - 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)	<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 checked="" type="checkbox"/> <input type="checkbox"/>
			LTA / GIA :	<input checked="" type="checkbox"/> <input type="checkbox"/>
			Medical Bill:	<input checked="" type="checkbox"/> <input type="checkbox"/>
			PIR:	<input checked="" 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"/>
PRELIMINARY ADVICE	Date/Time:	Sent By:	Post-Repair Photos:	<input checked="" type="checkbox"/> <input type="checkbox"/>
			Others:	<input checked="" type="checkbox"/> <input type="checkbox"/>
FINALIZATION	Date/Time:	Confirm with:	Confirm by: MARCUS	
Repair Cost: L/S	S\$ 4800.00	(5 days) Reduction: 7588.80 % 61	Email <input type="checkbox"/> Call <input type="checkbox"/>	
FINAL SETTLEMENT	Date/Time: 13/04/2020	Confirm with CHRISTINA	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :	
Repair Cost:	S\$ 4800.00			
Loss of Rental (LOR):	S\$ 513.60	(4 days) x \$128.40 (W/GST)		
Loss of Use (LOU):	S\$	(\$ x days)		
Loss of Income (LOI):	S\$	(\$ x days)		
LOR only <input checked="" type="checkbox"/> LOU only <input 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: <input checked="" type="checkbox"/> Normal/Reject/Private Settle	
Disbursement:	S\$	(e.g. Tow/ Independent)	2) Report Format: TP	
Legal Cost	S\$		3) Survey fee: \$500.00	
Total:	S\$ 5321.05	Global Sum S\$: 5320.00		
FINAL PAYMENT	Date/Time:	Confirm with:	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
Payee 1:	S\$ 5320.00	Name 1: SUPER-ZEE MOTOR SERVICES		
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		

ASS. REC. BY:

REF: TU

ASSIGNMENT

From: _____ Date: 31/3/2020

Estimated Cost: _____

OD TP/WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: SBY 9900M

at Workshop m/s Super-Zee motor

of _____

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: 11.00A.M

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S
	<u>0</u>

Bal. or Market Value: \$83k.

IDAC Accident Rpt: _____ Consistent?: Yes or No

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

Est. Repairs: 5 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS np' LPA 69932

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SBY/9900M Yr Regn: 5,14

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

Truck / Trailer or CA

Make: Mer 3017 2200 c.c. 1991

Colour: Green A/C: Insured / Std / NI / NA

Sp. Reading: 161000 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: W.D. 2120342-A979428

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: _____

R: 245/40ZR18

BS / DUN / EXNOVA / GY / FS / LIZA / MICTOHTSU / PIR / SUMI /

TOYO / YOKO or

Front _____ Rear 6

R/Bal. 6 mm R/Bal. _____ mm

L/Bal. 6 mm L/Bal. 0 mm

D.O.A. 24/2/20 D.O.I. 3/3/20

Survey held at _____

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

Rear

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

Date / Time	Action / Instruction
<u>4/3/20</u>	<u>4 yrs. 2nd dep 14 re 4 13068</u> <u>1/5 # 4800 confirmed with Christine</u>

Date/Time, File Pass to? : Preli. Report

1) : Final Report

Date/Time, File Return to?

2) _____

Rep. Format: _____

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

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: : Site Insp (\$ _____)

: Interview (\$ _____)

: Tech. Invs (\$ _____)

: Weekend (\$ _____)

Survey Fee: _____

Transportation: _____

S + RS. _____ \$

Photos _____

Others _____

TOTAL _____