| INS. CASE OWNER: CHAN KIAN MENG | CC3/AIG20003488/Qea3 | LKK:
IDAC: |

ASSIGNMENT

Surveyor: **OI SUN PIN** DOI: 28/02/2020 Date / Time: **28/02/2020**

Registered in Merimen: 03/03/2020

Pre-assign / CCU / FTE

Insured Vehicle No. : **SKV 1664G** Claim No. : 5853802772SG

Name of Insured : **VOO PIT ENG** Policy No. : 1900135303

Insured Tel No. : HP: 90125553 Make / Model :

Excess Sec II :S$ D.O.A : 10/10/2019 19:10 Place of Accident :

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**

SMB 324B → → →

INSRS: INSRS: INSRS: INSRS:
WSP: **SMRT, WL** WSP: WSP: WSP:
Tel : Tel : Tel : Tel :
Liability : Liability : Liability : Liability :
RMKS: RMKS: RMKS: RMKS:

Date/ Time		STAGE	DATE / PIC
	SMB 324B - CC3/AIG15021228/K1yg3q2; 04.12.15	Non-Reporting ltr (1st):	
	SKV 1664G - NA/INC20000570/z4; 08.01.2020	Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
	OINR. To send out first letter. File pass to Su Li.	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:	S$ (days) Reduction: %		Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: Confirm with Email ☐ Call ☐

Final Liability:	% (Agreed / Assessed) BOLA S/N No. :	If NO or B 28, Ass. Lia :
Repair Cost:	S$	
Loss of Rental (LOR):	S$ (days)	
Loss of Use (LOU):	S$ ($ x days)	
Loss of Income (LOI):	S$ ($ x days)	

LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]

GIA/LTA Search	S$	
Medical:	S$	1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ (e.g. Tow/ Independent)	2) Report Format:
Legal Cost	S$	3) Survey fee:
Total:	S$ **Global Sum S$:**	

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

Payee 1:	S$	Name 1:
Payee 2: (Strike if N.A.)	S$	Name 2:
Payee 3: (Strike if N.A.)	S$	Name 3:

ASS. REC. BY: Sun Pin   REF: ACG   3488/00

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.

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

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

Veh No: SMB 324 B , Yr Regn: 16/10/2012

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

Make: MAN NL 320F (A22)   c.c 10518

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

Sp.Reading 500185   T/Radio: Insured / Std / NI / NA

Eng/No: —

C/No: WMAA22ZZ/C7001457.

Gen. Cond: Good / (Fair) / Poor / Burnt

Steering: (Inorder) / Jammed / Leaked / Burnt or _____

Brake: (Inorder) / Jammed / Leaked / Burnt or _____

Modl: NII / (S/Rim) / STD A/Rim or _____

Tyre Size: F: 275 / 70 R22-5

           R: 275 / 70 R22-5

N/S   O/S

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or   Firenza

Front		Rear	
R/Bal.	5 mm	R/Bal.	5 mm
L/Bal.	5 mm	L/Bal.	5 mm

D.O.A. 10/16/2019   D.O.I. 28/02/2020.

Survey held at   SMRT.

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

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Preli. Report
☐ : Final Report

Repy / Forma? : _____

Lump Sum / I.B.I. ? : _____

Days Of Repair: _____

Resurvey No. of Trip: _____

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

Survey Fee: _____
Transportation: _____
S + RS. ___ SI
Photos _____
Others _____

TOTAL _____

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	292D
Vehicle Details	
Vehicle No.:	SMB324B
Vehicle to be Exported:	No
Intended Deregistration Date:	03 Mar 2020
Vehicle Make:	MAN
Vehicle Model:	NL320F (A22)
Primary Colour:	Multicolor
Manufacturing Year:	2011
Engine No.:	50330730083077
Chassis No.:	WMAA22ZZ1C7001457
Maximum Power Output:	-
Open Market Value:	$257,690.00
Original Registration Date:	16 Oct 2012
First Registration Date:	16 Oct 2012
Transfer Count:	0
Actual ARF Paid:	$0.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	$0.00
Intended COE Rebate Details	
COE Rebate Amount:	$0.00
Total Rebate Amount:	$0.00

The information contained herein is correct as at 03 Mar 2020

OK