

INS. CASE OWNER:

~~CC4/AIG20003934/R1gs3~~

ASSIGNMENT

Surveyor:

Rasul

DOI:

12/3/2020

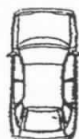
Date / Time :

11/3/2020

Registered in Merimen:

12/3/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SKV 4502 X

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : S\$ _____ D.O.A : 6/3/2020

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

SBS 3369T



INSRS:

WSP: Tower Transit

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

SBS 3369T, NA/AIG 20003729/24, DOA: 6/3/2020
SKV 4502X

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: P/P

S\$ 3,960.00

(3

days)

Reduction: 3,668.20

% 48

Email

Call

FINAL SETTLEMENT

Date/Time:

15/10/2021

Confirm with LYNN

Email

Call

Final Liability:

% 100

(Agreed / Assessed) BOLA S/N No. :

If NO or B 28, Ass. Lia :

Repair Cost:

S\$ 4,237.20

W/GST

Loss of Rental (LOR):

S\$

(

days)

Loss of Use (LOU):

S\$ 600.00

(\$200

x 3

days)

Loss of Income (LOI):

S\$

(\$

x

days)

LOR only ☐ LOU only ☒LOR + LOU ☐LOR + LOI ☐

[Tick only one]

GIA/LTA Search

S\$ 2.00

Medical:

S\$

Disbursement:

S\$

(e.g. Tow/ Independent)

Legal Cost

S\$

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

TP

3) Survey fee:

\$320.00

Total:

S\$ 4,839.20

Global Sum S\$: 4,800.00

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

S\$ 4,800.00

Name 1:

TOWER TRANSIT SINGAPORE PTE LTD

Payee 2: (Strike if N.A.)

S\$

Name 2:

Payee 3: (Strike if N.A.)

S\$

Name 3:

ASS. REC. BY:

REF:

ALG

417k

ASSIGNMENT

From:

Date:

12/3/2020

Estimated Cost:

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

To Inspect Vehicle No:

SBS 3369T

at Workshop m/s

Tower Transit

of

21 Bulim Drive

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

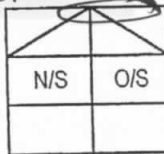
Make of Veh:

Lynn @ 9199 0025

9:30am - 11am

(Policy Condition)

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



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

(up)

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SBS 3369T

Yr Regn:

2013 / DKL

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

Truck / Trailer or

Make:

Volvo B9TL

c.c

9364

Colour:

GREEN

A/C:

Insured / Std / NI / NA

Sp. Reading

358 200

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

4V 35 4P928EA163329

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:

275/70R22.5

R:

a.

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

TOYO / YOKO or

Front

Rear

R/Bal.

8

mm

R/Bal.

8/8

mm

L/Bal.

8

mm

L/Bal.

8/8

mm

D.O.A.

06/03/2020

D.O.I.

12/03/2020

Survey held at

TOWER TRANSIT

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

FRONT O/S

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

Date / Time

Action / Instruction

Date/Time, File Pass to?



: Preli. Report

1)

Date/Time, File Return to?



: Final Report

2)

Report Format:

Lump Sum / L.B.H. (\$)

Days Of Repair:

Resurvey No. of Trip:

Add Fee:



: Site Insp (\$)



: Interview (\$)



: Tech. Invs (\$)



: Weekend (\$)

Survey Fee:

Transportation:

S + RS. \$

Photos

Others

TOTAL