15/5/2010

INS. CASE OWNER: CC 4/111 2000 4035 / Gds3

LKK:

IDAC:

ASSIGNMENT

Surveyor: XGQ DOI: 16/3/2020 Date / Time : 16/3/2020

Registered in Merimen: 30/3/2020

Pre-assign / CCU / FTE

Insured Vehicle No. : SBR 1122 G

Name of Insured : Peck Choon Peng

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 12/3/2020

Is driver the owner? (YES / NO)

If **NO**, Driver Name / Age :

Driver Tel No. : (V/L: YES / NO)

Claim No. :

Policy No. :

Make / Model :

Place of Accident :

Nature of Accident :

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

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

SLL5563D → → →

INSRS:
WSP: Nineteen Autowerks
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SLL5563D / NA/INC 2000 42/3/23; DOA: 13/3/2020 SBR1122G
28-08-20	AS TP FAILED TO GIVE WAY TO O/I. TO REJECT TP CLAIM.
	Reject Case By (staff) : Jia LE Approved by : Yu Date : 28/08/20
26/8/20	Total loss case, TP uneconomical to repair.

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: 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: WP
Legal Cost	S$	3) Survey fee: $380 (Total Loss)
Total:	**S$** **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:	

ACS. REC. BY: GL. REF: TM

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s Nineteen Autoworks

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: $20K.

IDAC Accident Rport: Consistent? : Yes or No $23K

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

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SLL5563D Yr Regn: 27 Sep 2011

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

Make: Honda Insight 1.3 c.c

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

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

Eng/No:

C/No: JHMZE2850BS213353

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 185/55R16

R: 11

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

Front		Rear	
R/Bal.	5 mm	R/Bal.	5 mm
L/Bal.	5 mm	L/Bal.	5 mm
D.O.A.	12-03-20	D.O.I.	16-03-20

Survey held at W/S 4pm

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

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

Date / Time	Action / Instruction
16/3	W/S will Total loss the car.
	Finalized $3000 with Jeremy. (Net value)
	MV - $20K
	Cost 15936
	Nett - $4,064.00
	Submit Total Loss as ~~not~~ extensive.

23/3/2020

Date/Time. File,Pass to?

1)

Date/Time, File Return to?

2)

☐ : Preli. Report

☑ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Invs ($)

☐ : Weekend ($)

Survey Fee:

Transportation:

__$ + RS__SI

Photos

Other:

TOTAL

Report Format : Total Loss

Lump Sum / UBD : %