

INS. CASE OWNER:

CC 4/111 2000 4035 1 Gd S3

LKK:

IDAC:

ASSIGNMENT

Surveyor:

XGQ

DOI:

16/3/2020

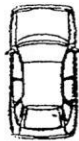
Date / Time :

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)

Nature of Accident :

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: ☒ YES / NO)

Claim No. :

Policy No. :

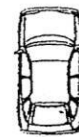
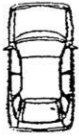
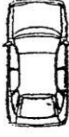
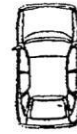
Make / Model :

Place of Accident :

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

Insured Liability : % Final ? Yes / No

SLL 5563 D

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

Date/ Time

SLL 5563 D NA/INC 2000 4213 / r3; DDA: 13/3/2020
SBR 1122 G

28-08-20 AS TP FAILED TO GIVE WAY TO O/E. TO REJECT TP CLAIM.

Reject Case

By (staff) : Jia LE
Approved by : YL
Date : 28/08/20

28/8/20 - 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\$

Disbursement:

S\$

Legal Cost

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:

1) Claim status: Normal/Reject/Private Settle

2) Report Format: WP

3) Survey fee: \$380 (Total Loss)

ACC. REC. BY: GRREF: TH

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.

Bal. or Market Value: \$20k
IDAC Accident Rpt: _____ 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

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

Veh No: 5LL5563D Yr Regn: 27 sep 2011
Type: ☒ M.Cap / ☐ M.Cycle / ☐ Bus / ☐ Van / ☐ Lorry / ☐ Taxi / ☐ Prime Mover /
Truck / Trailer or _____
Make: Honda Insight c.c. 1.3
Colour: Green 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: ☒ In order / ☐ Jammed / ☐ Leaked / ☐ Burnt or
Brake: ☒ In order / ☐ Jammed / ☐ Leaked / ☐ Burnt or
Modi: ☐ Nil / ☐ S/Rim / ☒ STD A/Rim or
Tyre Size: F: 185/55 R16
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 w/s D.O.I. 16-03-20 opm
Survey held at _____
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
	COB: 15936
	Nett - \$4,064.00
	Submit total loss as not extensive.

Date/Time, File, Pass to?

☐ : Preli. Report
☒ : Final Report

1) _____
Date/Time, File Return to?

2) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

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

Survey Fee: _____

Transportation: _____

S + RS, \$ _____

Photos _____

Others _____

TOTAL

Report Format: Total Loss

Lump Sum / L.B.D. / P