15/5/2010

INS. CASE OWNER:

CC4/III20004108/Ega3

LKK:

IDAC:

ASSIGNMENT

Surveyor: STEVE

DOI: 17/03/2020

Date / Time : 17/03/2020

Registered in Merimen: 17/03/2020

Pre-assign / CCU / FTE

Insured Vehicle No. : SHC 8573A

Name of Insured :

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 12/03/2020

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 :

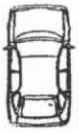
Nature of Accident :

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

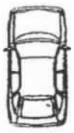
Insured Liability : % **Final ? Yes / No**

SHB 3580S → → → →

INSRS:
WSP: DING AUTOMOTIVE
Tel : AUTOMOTIVE
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SHB 3580S -CS/FCI18001424/Aqd3e2 22/01/2018 CS/FCI19021539/Usf3n2 03/12/2019 NA/INC14017078/d2 05/09/2014
	SHC 8573A - CC3/AIG11016128/M1sr1k2 06/08/2011 NS/INC20002977/Fsf3e2 20/02/2020

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: L/S S$ 2650.00 (4 days) Reduction: 2611.96 % 49 Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 23/10/2020 Confirm with HASHIM Email ☑ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 2835.50 W/GST	
Loss of Rental (LOR):	S$ 620.58 (6 days) x $103.43	OI CHARGED FOR CARELESS DRIVING
Loss of Use (LOU):	S$ ($ x days)	
Loss of Income (LOI):	S$ 240.00 ($ 40 x 6 days)	
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☑ [Tick only one]		
GIA/LTA Search	S$ 7.45	
Medical:	S$	1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ (e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost	S$	3) Survey fee: $350.00
Total:	**S$** 3703.53 **Global Sum S$:** 3700.00	

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

Payee 1:	S$ 3700.00	Name 1:	DING AUTOMOTIVE PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	

ASS. REC. BY: Steve

REF:

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.**

N/S	O/S

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

Vehicle: **IN / OUT**

Date: _____ Person Contacted: _____

Veh No: SHB 3580 S Yr Regn: _____

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

Truck / Trailer or _____

Make: Hyundai i40 c.c _____

Colour Yellow A/C: **Insured / Std / NI / NA**

Sp.Reading 765085 T/Radio: **Insured / Std / NI / NA**

Eng/No: _____

C/No: KMHLB41GMFU 069310

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: 205/60R15

R: "

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

TOYO / YOKO or Westlake

Front		Rear	
R/Bal.	5 mm	R/Bal.	5 mm
L/Bal.	5 mm	L/Bal.	5 mm
D.O.A.	12/3/20	D.O.I.	17/3/20

Survey held at Ding Automotive

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

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

Date / Time	Action / Instruction
	Cannot Print PARF Value

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Preli. Report

☐ : Final Report

Report Format : _____

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	