

ASSIGNMENT

Surveyor:

Kenneth

DOI: 110412020

Date / Time: 110412020

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SHC 533T

Name of Insured : CITYCAB PTE LTD

Insured Tel No. : 65508768 HP:

Excess Sec II :S\$

D.O.A : 14/03/2020

Is driver the owner? (YES / NO) Nature of Accident :

If NO, Driver Name / Age : CHUA CHONG BEE

Driver Tel No. : 93550088

(V/L: YES / NO)

Claim No. : D20001577MFSH

Policy No. : D-20094921MFSH

Make / Model : TOYOTA PRIUS

Place of Accident : THOMSON GROVE OPEN SPACE CARPARK

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

Insured Liability : % Final ? Yes / No

SGV 223A

INSRS:
WSP: LAI HUAT
Tel: (MENG KEE)
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:

Date/ Time	SGV 223A - X	STAGE	DATE / PIC
	SHC 533T - CC3/AXA11011061/H1q1dk2 07/06/2011	Non-Reporting ltr (1st):	
	CC3/FCI15018383/Kqbc2 07/06/2015	Non-Reporting ltr (2nd):	
	CS/FCI10023737/Ubn 20/11/2010	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:	
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. REG. BY:

REF: 1021

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: 8185/c

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

01

days

Res.:

Yes or No

Lum Sum:

1-B.1

%

3 Val.:

Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

Veh No:

SGV 2231

Yr Regn:

10.17

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

Truck / Trailer or

Make:

Mv

E200

c.c.

1991

Colour

M.D. Blue

A/C:

Insured / Std / NI / NA

Sp. Reading

34433

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

WDD 2130 422A 248805

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

245/45R18

R:

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

Front

Rear

R/Bal.

3

mm

R/Bal.

3

mm

L/Bal.

3

mm

L/Bal.

3

mm

D.O.A.

14/3/20

D.O.I.

1/4/2020

Survey held at

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

O/S R

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

Date/Time, File Pass to?

☐

: Prell. Report

1)

Date/Time, File Return to?

☐

: Final Report

2)

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Survey Fee:

Transportation:

S + RS. SI

Fees

Others

TOTAL

Report Format :

Lump Sum / I.B.I. (\$