15/5/2010

INS. CASE OWNER: KHOR Saw Theng 6568804754

CC4/ASM20004517/Kpa3

LKK:

IDAC: 165951

ASSIGNMENT

Surveyor: KENNETH

DOI: 25/03/2020

Date / Time : 25/03/2020

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. : SHC 5980C

Name of Insured : TRANS-CAB AUTO SERVICES PTE LTD

Insured Tel No. : HP:

Excess Sec II :S$ 5,000.00

D.O.A : 13/03/2020 18:30

Is driver the owner? (YES / NO)

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

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

Claim No. : S0M02JPQ

Policy No. : P2348706

Make / Model :

Place of Accident : BARTLEY ROAD EAST EXIT TO UPPER PAYA LEBAR

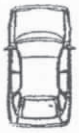
Nature of Accident :

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

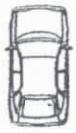
Insured Liability : % **Final ? Yes / No**

GBE 2665T →

INSRS:
WSP: ESTEEM PERFORMANCE
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	GBE 2665T - X
	SHC 5980C - CC3/AIG17004784/Keb3q2 ; 06/03/2017
	CC3/AIG19002480/Kda3q2 ; 02/02/2019
	CC3/CTI19020806/Kda3 ; 21/11/2019
	CC3/III15012162/Kya3n2 ; 14/07/2015
	CC3/TMI11010602/Kvn ; 28/04/2011
	~~CC4/ASM19002066/Efa3q2 ; 25/01/2019~~
	CS/AXA10005590/Dqh ; 20/03/2010
	CS/FCI18021614/Ktd3n2 ; 28/11/2018

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:
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. REC. BY: Kenneth | REF: AHA /

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Estem

of AMC

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: $ 36k

IDAC Accident Rport: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 01 days Res.: Yes or No

Lum Sum: 1.131 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

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

Veh No: GBE 2685T Yr Regn: 10 15

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

Make: NIS NV350 c.c 2488

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

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

Eng/No: _____

C/No: JN1UC4E26T0001956

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: 195 R15 X8

R: _____

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	7 mm
L/Bal.	6 mm	L/Bal.	7 mm
D.O.A.	13/3/20	D.O.I.	25/3/2020

Survey held at _____

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

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

Date / Time	Action / Instruction
/	-

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Prell. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

Survey Fee: _____

Transportation: _____ $ + RS. _____ SI

Parking _____

Others _____

TOTAL _____

Report Format :

Lump Sum / I.B.I: ($ _____)