15/5/2010

INS. CASE OWNER:

# CC6/FCI20004598/Aga3

LKK:

IDAC:

## ASSIGNMENT

Surveyor: ADRIAN

DOI: 27/03/2020

Date / Time : 27/03/2020

Registered in Merimen: —

**Pre-assign / CCU / FTE**

Insured Vehicle No. : SHC 7082E

Name of Insured : CITYCAB PTE LTD

Insured Tel No. : _____ HP: _____

**Excess Sec II :S$** _____ D.O.A : 25/03/202014:25

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 : JUNCTION JLN BUKIT MERAH & KIM TIAN ROAD

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

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

SLQ 9078K → _____ → _____ → _____

INSRS:
WSP: MG SOLUTION
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

| Date/ Time | |
|---|---|
| | SHC 7082G - CC3/AIG13004945/M1a2t2y ; 12/03/2013<br>CC3/AIG14011446/H1za3q2 ;15/06/2014<br>NA/AIG20004549/z4 ; 25/03/2020<br>SLQ 9078K - NA/AIG20004549/z4; 25.03.2020 |

| 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: Confirm by:

**FINALIZATION** Date/Time: Confirm with: Email ☐ Call ☐

Repair Cost: S$ ( days) Reduction: % Email ☐ Call ☐

| **FINAL SETTLEMENT** | Date/Time: | Confirm with | |
|---|---|---|---|
| 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$ | | 1) Claim status: Normal/Reject/Private Settle |
| Medical: | S$ | | 2) Report Format: |
| Disbursement: | S$ | (e.g. Tow/ Independent ) | 3) Survey fee: |
| Legal Cost | S$ | | |
| **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: | 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: SLQ9078K. Yr Regn: 2017/ July.

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

Make: Subaru Impreza c.c 1600

Colour Red. A/C: Insured / Std / NI / NA

Sp.Reading 55047. T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JF1GT3KCSHG008438

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: 205/50R17.

R: 205/50R17.

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

| Front | | Rear | |
|---|---|---|---|
| R/Bal. | 06 mm | R/Bal. | 06 mm |
| L/Bal. | 06 mm | L/Bal. | 06 mm |
| D.O.A. | | D.O.I. | 27/03/20 |

Survey held at MG Solution.

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 |
|---|---|
| | TP 1st Cap. |
| | |
| | |
| | MV : |
| | PV : |
| | Nett : |
| | |
| | |

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: $ + PS $

Photos

Others:

TOTAL

Report Format :

Lump Sum / I.B.I. :