

ASSIGNMENT

Surveyor:

KENNETH

DOI: 31/03/2020

Date / Time : 27.03.2020

Registered in Merimen: 29.03.2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SLH 2402B

Claim No. : 1202000015051 X

Name of Insured : MURUGIAN VADIVELOO

Policy No. : PNPV2017-00008500-02

Insured Tel No. : HP: +65-91846387

Make / Model : MERCEDES-BENZ B170-1.7 (A)

Excess Sec II :S\$ D.O.A : 25/03/2020

Place of Accident : BLK138 TAMPINES ST 11 CARPARK

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

If NO, Driver Name / Age :

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

Driver Tel No. :

(V/L: YES / NO)

Insured Liability : % Final ? Yes / No

SLR 3305P

INSRS:
WSP: LEONG AUTO
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SLR 3305P - X	SLH 2402B - X	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:	☐ ☐
PRELIMINARY ADVICE	Date/Time:	Sent By:	Post-Repair Photos:	☐ ☐
			Others:	☐ ☐

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: P/P	S\$ 4,008.12 (3 days) Reduction: 72 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 23.12.2020	Confirm with: SHAWN	Email ☒ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 23		If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S\$ 4,288.69		
Loss of Rental (LOR):	S\$ 300.00 (3 days) x \$100.00		
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\$ (e.g. Tow/ Independent)		
Legal Cost	S\$		
Total:	S\$ 4,588.69	Global Sum S\$:	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S\$ 4,588.69	Name 1:	LEONG AUTO PTE LTD
Payee 2: (Strike if N.A.)	S\$	Name 2:	
Payee 3: (Strike if N.A.)	S\$	Name 3:	

1) Claim status: Normal/ ~~Rejection~~

2) Report Format: TP

3) Survey fee: 500.00

ASS. REC. BY:

REF: FWD /

Kenneth

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 Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 03 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SLR 3305P Yr Regn: 08, 17Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Traller or

Make: Honda HRV.c 1496Colour: M. Brown A/C: Insured / Std / NI / NASp. Reading: 68407 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: J11 MR R 418 306 X 2023 48Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModl: NII / S/Rim / STD A/Rim orTyre Size: F: 215/60R16

R: _____

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

Front _____ Rear _____

R/Bal. 2 mm R/Bal. 2 mmL/Bal. 2 mm L/Bal. 2 mmD.O.A. 25/3/20 D.O.I. 31/3/2020

Survey held at _____

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

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

Date / Time Action / Instruction

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 + R.S. SI

Fees

Others

TOTAL

Report Format :

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