15/5/2010

INS. CASE OWNER: CC 3/AXA1600 7699, KW63

LKK:
IDAC:

ASSIGNMENT

Surveyor: Kenneth DOI: 25/4/16 Date / Time: 27/4/16

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. : FX 7389K Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 27/4/16 Place of Accident :

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**

SHC 5308U → → → →

INSRS: WSP: Trans Tel : Liability : CAB RMKS:

INSRS: WSP: Tel : Liability : RMKS:

INSRS: WSP: Tel : Liability : RMKS:

INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	SHC 5308U — CC 3/AXA1600/KW63 DOA: 27/4/16 FX 7389K - T

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: Email ☐ Call ☐

Repair Cost: P/P S$ 2937.89 (2 days) Reduction: 15,303.68 % 83

FINAL SETTLEMENT Date/Time: 23/04/2020 Confirm with WAI YIN Email ☑ Call ☐

Final Liability: % 50 (Agreed / Assessed) BOLA S/N No. : NIL If NO or B 28, Ass. Lia :

Repair Cost: $3143.54 S$ 1571.77 (W/GST) CONFLICTING VERSION

Loss of Rental (LOR): 513.60 S$ 256.80 (4 days) x $128.40

Loss of Use (LOU): S$ ($ x days)

Loss of Income (LOI): 200 S$ 100.00 ($ 50 x 4 days)

LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☑ [Tick only one]

GIA/LTA Search S$ 6.00

Medical: S$

Disbursement: S$ (e.g. Tow/ Independent)

Legal Cost S$

1) Claim status: Normal/Reject/Private Settle

2) Report Format: TP

3) Survey fee: $100

Total: S$ 1934.57 **Global Sum S$:**

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

Payee 1: S$ 1934.57 Name 1: TRANS-CAB AUTO SERVICES PTE LTD

Payee 2: (Strike if N.A.) S$ Name 2:

Payee 3: (Strike if N.A.) S$ Name 3:

ASS. REC. BY:

REF: AA/

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Trans Cab

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: 02 days Res.: Yes or No

Lum Sum: 1-B-1 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SJC 5308U Yr Regn: 03/14

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or A1

Make: Renault Lotitude c.c 1995

Colour M.White (Red) A/C: Insured / Std / NI / NA

Sp.Reading 273931 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: VF1ABL15AUC 276795

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: 215/60R16

R: _____

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

Front		Rear	
R/Bal.	5 mm	R/Bal.	4 mm
L/Bal.	5 mm	L/Bal.	4 mm

D.O.A. 22/4/16 D.O.I. 25/4/16

Survey held at ✓

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

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

Date / Time	Action / Instruction
25/4	GIA & Est not ready
27/4	$ 2937.89 Rec'd
"	File pass to Catherine

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 ($ _____)

Report Format : _____

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

Survey Fee:	
Transportation: ___$ + RS.___SI	
Photos	
Others	
TOTAL	