15/5/2010

CC6/CTI16008255/Aya3q2-1

INS. CASE OWNER: CC /AIG1306

LKK:

IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : _____

Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No. : SFA6450T

Name of Insured : PILOT NETWORK PTE LTD

Insured Tel No. : _____ HP: _____

Excess Sec II :S$ _____ D.O.A : _____

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 : _____

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

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

INSRS: TP	INSRS:	INSRS:	INSRS:
WSP:	WSP:	WSP:	WSP:
Tel : SJW4950S	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	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: L/S S$ 2,800 (4 days) Reduction: 69 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 23/5/2020 Confirm with SUKYI Email ✓ Call ☐

Final Liability: 100 % 50 (Agreed / Assessed) BOLA S/N No. : NIL If NO or B 28, Ass. Lia : 50%

Repair Cost: (w/GST) 2,996.00 S$ 1,498 OI ACCEPT 50% COUNTER CLAIM

Loss of Rental (LOR): S$ (days)

Loss of Use (LOU): 360.00 S$ 180 ($ 60 x 6 days)

Loss of Income (LOI): S$ ($ x days)

LOR only ☐ LOU only ✓ LOR + LOU ☐ LOR + LO ☐ [Tick only one]

WP SUBMITTED EARLIER.

$400- $350= $50

GIA/LTA Search 5.35 S$ 5.35

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: $50

Total: 3361.35 S$ 1,683.35 **Global Sum S$:** 1,600

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

Payee 1:	S$ 1,600	Name 1:	NEW HOCK TECK MOTOR PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	

LKK:
IDAC:

INS. CASE OWNER: Angie | CC 6 /CTI1600 8255 , Aya3 9

ASSIGNMENT

Surveyor: ADRIAN DOI: 4.5.16 Date / Time : 4.5.16

Registered in Merimen: —

Pre-assign / CCU / FTE

Insured Vehicle No. :	SFA 6450 T	Claim No. :	SNMI6001850C02/LKKOS10
Name of Insured :	PILOT NETWORK PTE	Policy No. :	DMHCSN155 6231500
Insured Tel No. :	HP:	Make / Model :	NISSAN LATIO
Excess Sec II :S$	D.O.A: 27/04/16	Place of Accident :	PIE 7 TUAS
Is driver the owner?	(YES / NO)	Nature of Accident :	
If NO, Driver Name / Age :	ARJUN S/O SAMINATHAN	OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO	
Driver Tel No. :	91426240 (V/L: YES / NO)	Insured Liability : %	Final ? Yes / No

SJW 4950 S →

INSRS: WSP: NHT Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time		STAGE	DATE / PIC
11/8/16	SJW 4950 S - X ;	Non-Reporting ltr (1st):	
	SFA 6450 T - CU(AIG 11016203(upa3g7 ; DOA 4/8/11	Non-Reporting ltr (2nd):	
Jas		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
	Potential Reject If no evidence by	After call ltr to OI:	
	Third Party.		
19-07-16	Based on T/P's VERSION TRY TO REJECT T/P CLAIM		
	Email to Angie for rejecting approval.		
	10-03-17		

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: Email Call

FINALIZATION Date/Time: Confirm with:

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

FINAL SETTLEMENT Date/Time: Confirm with

If NO or B 28, Ass. Lia :

Final Liability: % (Agreed / Assessed) BOLA S/N No. :

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$ (e.g. Tow/ Independent)

Disbursement: S$

14/3/17

1) Claim status: Normal/Reject/Private Settle
2) Report Format:
3) Survey fee: $350/-

REF:

ASS. REC. BY: Adrian Ling

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: 4 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: SJW4950S Yr Regn: 2010, March

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

Make: Chevrolet Cruze c.c 1598

Colour Blue A/C: Insured / Std / NI / NA

Sp.Reading 165620 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KL1JA6561AK586443

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: 205/55R16

R: 205/55R16

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.	04/05/16

Survey held at NHT

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

The U/C / Chassis frame / Body Structure affected due to collisio

Date / Time	Action / Instruction
	TP Claim.
	Us $ 2800/-
	Recd $ 6,360.90 / 69%

Date/Time, File Pass to?

1)

Date/Time, File Return to?

☐ : Preli. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

Survey Fee:

Transportation:

__S + RS__SI