

INS. CASE OWNER:

CC3 / EQ1170

22869, Kta3-1

LKK:

IDAC:

Surveyor:

KSC

DOI:

ASSIGNMENT

30-11-17

Date / Time:

30-11-17

Registered in Merimen:

Pre-assign / CCU / FTE

SKU 6575C



Insured Vehicle No. :

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. : HP:

Make / Model :

Excess Sec II :SS

D.O.A: 29/11/17

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

SHF 562T



INSRS:

WSP:

Tel :

Liability :

RMKS:

7mmj-63



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time	STAGE	DATE / PIC	
SHF 562T SKU 6575C	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:		
Repair Cost: L/S	S\$ 2650.00 (2 days) Reduction: 21,978.26 % 89	Confirm by: Email ☐ Call ☐	
FINAL SETTLEMENT Date/Time: 18/11/2020	Confirm with WAI YIN Email ☒ Call ☐		
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :	
Repair Cost:	S\$ 2835.50		
Loss of Rental (LOR):	S\$ 202.92 (2 days) x \$101.46	EQ INSTRUCTION SETTLE BASED ON 100%	
Loss of Use (LOU):	S\$ (\$ x days)		
Loss of Income (LOI):	S\$ 100.00 (\$ 50.00 x 2 days)		
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☒	[Tick only one]		
GIA/LTA Search	S\$ 5.35		
Medical:	S\$	1) Claim status: ☒ Normal/Reject/Private Settle	
Disbursement:	S\$ (e.g. Tow/ Independent)	2) Report Format: TP	
Legal Cost	S\$	3) Survey fee: \$100.00	
Total:	S\$ 3143.77	Global Sum S\$: 3100.00	
FINAL PAYMENT Date/Time:	Confirm with: Email ☒ Call ☐		
Payee 1:	S\$ 3100.00	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:

EQ1

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. _____

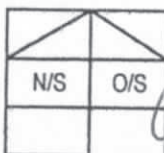
Sum Insured: _____

Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent?: Yes or No

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

Est. Repairs: 02 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: SHF 5827Yr Regn: 06, 14

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

Truck / Trailer or

Make: Peravit Longitude c.c. 1995Colour White IR A/C: Insured / Std / NI / NASp. Reading 404043 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: VIC1ABL15AUC 278131Gen. 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: _____

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal. 8 mmR/Bal. 7 mmL/Bal. 8 mmL/Bal. 7 mmD.O.A. 29/11/17D.O.I. 30/11/17

Survey held at _____

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

Rear O/S door

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

Date / Time Action / Instruction

1/12/17 File passed to Customer
 11/12/17 8:205d

Date/Time, File Pass to?

☐ : Prel. Report

Days Of Repair: _____

1)

☐ : Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

2)

Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

Survey Fee: _____

Transportation: _____

S + RS. \$ _____

Photos _____

Others _____

TOTAL

Report Format: _____

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