15/5/2010

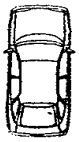
INS. CASE OWNER: CC4/III21005180/Eps3 | LKK: IDAC:

ASSIGNMENT

Surveyor: STEVE DOI: 27/04/2021 Date / Time : 27/04/2021

Registered in Merimen: 27/04/2021

Pre-assign / CCU / FTE



Insured Vehicle No. : PC 3020S Claim No. :

Name of Insured : PURPLE COACH TOUR PTE LTD Policy No. :

Insured Tel No. : HP: Make / Model :

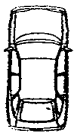
Excess Sec II :S$ D.O.A : 02/02/2021 Place of Accident :

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

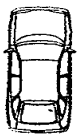
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

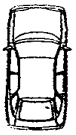
SMG 5366X → → →



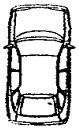
INSRS:
WSP: SPECIALISTS
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
	SMG 5366X : X	**STAGE**	**DATE / PIC**
	PC 3020S : CS/TMI13022319/H1gbk3 ; DOA : 25/11/2013	Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
15/10/2021	Pls refer to VIEWS for details.	Call OI:	
		After call ltr to OI:	
		Documentation Check List:	**Handler** **Typist**
	* TP converted OD Claim	Notification ltr (if non-pickup)	
	* Submit WP to III	After call ltr to OI:	
		Authorisation To Act:	
		Release Voucher:	
	*Total Loss Report	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:	S$ (days)	Reduction: %	Email Call	
FINAL SETTLEMENT	Date/Time:	Confirm with	Email Cal	
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 + LO	[**Tick only one**]		
GIA/LTA Search	S$			
Medical:	S$		1) Claim status: ~~Normal/Reject/Private Settle~~ WP	
Disbursement:	S$ (e.g. Tow/ Independent)		2) Report Format: Total Loss Report	
Legal Cost	S$		3) Survey fee: $380.00	
Total:	**S$**	**Global Sum S$:**		
FINAL PAYMENT	Date/Time:	Confirm with:	Email Cal	
Payee 1:	S$	Name 1:		
Payee 2: (Strike if N.A.)	S$	Name 2:		
Payee 3: (Strike if N.A.)	S$	Name 3:		

ASS. REC. BY: Steve | REF: CC4/111210051801PS3

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

SIA / PR Seen: Consistent? : Yes or No

Est. Repairs: days Res.: Yes or No

Sum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SMG5366X Yr Regn: 28/4/09

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

Make: BMW 335i c.c 2979

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

Sp.Reading: N/A T/Radio: Insured / Std / NI / N

Eng/No:

C/No: WBAWL72070J297397

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: NII / S/Rim / STD A/Rim or

Tyre Size: F: 245/30ZR20

R: 11

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

Front		Rear	
R/Bal.	4 mm	R/Bal.	4 mm
L/Bal.	4 mm	L/Bal.	4 mm
D.O.A.	2/2/21	D.O.I.	27/4/21

Survey held at Specialists Motor

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

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

Date / Time	Action / Instruction
	MV - 73K * total loss - Actual total loss

MV: $73,000.00(est)
LTA Rebate : $26,946.00(est)
~~NV: $46,064.00(est)~~
NV: $46,054.00 (est)

Date/Time, File, Pass to?

Date/Time, File Return to?

: Prell. Report

: Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee: : Site Insp ($)
: Interview ($)
: Tech. Insp ($)
: Weekend ($)

Survey Fee:
Transportation:
S + RS, SI
Photos
Others
TOTAL