(08/11/13)

Surveyor: Sebastian.

REF:

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: _____ 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: SHF 3755 Yr Regn: 18/12/2012

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

Truck / Trailer or _____

Make: Chevrolet Epica. c.c 1991

Colour Maroon A/C: **Insured / Std / NI / NA**

Sp.Reading 348986 T/Radio: **Insured / Std / NI / NA**

Eng/No: _____

C/No: KL1LA69RJBB133745

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 65 R15

R: "

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

TOYO / YOKO or Falken.

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.	22/11/16 1400	D.O.I.	23/11/16 1330

Survey held at SMRT

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

N/S Front

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

Date / Time	Action / Instruction
	TAX / 11 / 16 / 2173
	LKK
	AIG – SKG59794P

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:	
___S + RS___SI	
Photos	
Others	
TOTAL	

15/5/2010

INS. CASE OWNER: CC 3/AIG160 27405, 8493.

LKK:
IDAC:

ASSIGNMENT

Surveyor: GWK

DOI: 23/11/16.

Date / Time : 23/11/16

Registered in Merimen: 24/11/16

Pre-assign / CCU / FTE

Insured Vehicle No. : SKG5974P

Name of Insured :

Insured Tel No. :

HP:

Excess Sec II :S$

D.O.A : 23/11/16

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

SHF3755. →

INSRS:
WSP:
Tel :
Liability : SMP7(W)
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SHF3755 - CC3/MSIG/6062501 Kygell Dhs/4/16	Non-Reporting ltr (1st):	
	SKG5974P - X	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: L/S S$ 2100.00 (4 days) Reduction: $8,538.19 80 Email ✓ Call [ ]

FINAL SETTLEMENT Date/Time: 25/02/2022 Confirm with LEE GEK

If NO or B 28, Ass. Lia :

Final Liability: % 50 (Agreed / Assessed) BOLA S/N No. : NIL

Repair Cost: 2100 S$ 1050.00

* CONFLICTING VERSION *

Loss of Rental (LOR) 561.75 S$ 280.88 (5 days) x $112.35

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

Loss of Income (LOI) 300 S$ 150.00 ($ 60 x 5 days)

LOR only [ ] LOU only [ ] LOR + LOU [ ] LOR + LOI [✓] [Tick only one]

GIA/LTA Search S$ 5.00

1) Claim status: Normal/Reject/Private Settle

Medical: S$

2) Report Format: TP

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

3) Survey fee: $0

Legal Cost S$

Total: S$ 1,485.88 **Global Sum S$:** 1,500.00

Email ✓ Call [ ]

FINAL PAYMENT Date/Time: Confirm with:

Payee 1: S$ 1,500.00 Name 1: STRIDES TAXI PTE LTD

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

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