15/5/2010

INS. CASE OWNER: CC 4/LPC1601 4069, R1 263

LKK:
IDAC:

ASSIGNMENT

Surveyor: Rasni

DOI: 7/8/16

Date / Time: 28/7/16

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. : SJL 7220B

Name of Insured :

Insured Tel No. :

HP:

Excess Sec II :S$

D.O.A : 25/7/16

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**

SHB 660P → SJL 7220B → FBK 7414 →

INSRS:	INSRS:	INSRS: Dexing	INSRS:
WSP:	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS: 01	RMKS: TP	RMKS:

Date/ Time	
	FBK 7414 } motor insurance 25/7/16
	SJL 7220B }

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: Confirm by: Email ☐ Call ☐

FINALIZATION Date/Time: Confirm with: Email ☐ Call ☐

Repair Cost: S$ (days) Reduction: %

FINAL SETTLEMENT Date/Time: Confirm with

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]**

If NO or B 28, Ass. Lia :

GIA/LTA Search S$

Medical: S$

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

Legal Cost S$

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

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

Email ☐ Call ☐

FINAL PAYMENT Date/Time: Confirm with:

Payee 1:	S$	Name 1:
Payee 2: (Strike if N.A.)	S$	Name 2:
Payee 3: (Strike if N.A.)	S$	Name 3:

(08/11/13)

Surveyor: Rajan

REF: LPC

ASSIGNMENT

From: Date: 28/2016

Estimated Cost:

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

To Inspect Vehicle No: FBK 2914

at Workshop m/s De Xing

of Blk 3006 Ubi Road 1 # 01-356

Insured:

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record)

Make of Veh:

10am - owner waiting

(Policy Condition)

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

N/S	O/S
	X

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: FBK 2914 Yr Regn: 2015 / Jan

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

Make: YAMAHA JUPITER MX c.c 134

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

Sp.Reading 72685 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: MH350CU06EK720206

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: 90/80-17

R: 110/70-17

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

Front		Rear	
R/Bal.	3 mm	R/Bal.	3 mm
L/Bal.	mm	L/Bal.	mm
D.O.A.	25/07/16	D.O.I.	02/08/16

Survey held at DE XING

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

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

Date / Time	Action / Instruction

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