15/5/2010

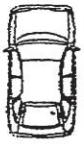
INS. CASE OWNER: Bernie | CC 4/AIG17022465 / Kua3 | LKK: IDAC:

ASSIGNMENT

Surveyor: KENNETH DOI: 24/11/17 Date / Time: 24/11/17

Registered in Merimen: 24/11/17

Pre-assign / CCU / FTE



Insured Vehicle No. : SLC 8360A Claim No. : 0969297598 SG

Name of Insured : POPULAR RENT A CAR PTE LTD Policy No. : 0999994984

Insured Tel No. : HP: Make / Model : HYUNDAI ELANTRA - 1.6 AO GLS

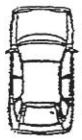
Excess Sec II :S$ D.O.A : 24/11/17 Place of Accident : BUKIT MERAH CENTRAL TURNING INTO SPORTS LIFESTYLE

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

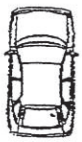
If NO, Driver Name / Age : CHEE PUAY HWEE IVAN (XU PEIHUI IVAN?) OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : 96700420 (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

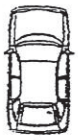
FX 1154K → → →



INSRS:
WSP: GA MOTOR
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	FX 1154K - NBA/INC17011398/Y DOA: 03/06/17
	SLC 8360A - X
28/11/17 (TUE TUE)	

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:	S$ (days)	Reduction: %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time:	Confirm with	Email ☐ Call ☐
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 + LOI ☐ [Tick only one]	
GIA/LTA Search	S$		
Medical:	S$		1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$	(e.g. Tow/ Independent)	2) Report Format:
Legal Cost	S$		3) Survey fee:
Total:	**S$**	**Global Sum S$:**	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
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: Kenneth

REF: AG1

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s GA Motor

of _____

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: 2pm

(Policy Condition)

N/S	O/S

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

Bal. or Market Value: _____

IDAC Accident Rport: _____ Consistent? : Yes or No

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

Est. Repairs: 04 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: 08/18 Person Contacted: _____ Vehicle: IN / OUT

Veh No: FX 1154K Yr Regn: 08, 03

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

Make: Honda Platina c.c 197

Colour M. Gold A/C: Insured / Std / NI / NA

Sp.Reading 16121 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: TA 200 · 0019240

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: Pirelli 100/80 R17

Shinko R: 130/90R15

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

Front		Rear	
R/Bal.	2 mm	R/Bal.	7 mm
L/Bal.	mm	L/Bal.	mm
D.O.A.	18/11/17	D.O.I.	24/11/17

Survey held at _____

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

& o/s body

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

Date / Time	Action / Instruction
27/11	File pass to Cashier

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	