15/5/2010

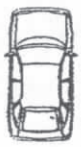
INS. CASE OWNER: Joane | CC4 / LCR170 23225 / IC 293 | LKK: IDAC:

ASSIGNMENT

Surveyor: KENNETH DOI: 8/12/17 Date / Time : 6/12/17

Registered in Merimen: 6/12/17

Pre-assign / CCU / FTE



Insured Vehicle No. : SLE 9767 T Claim No. : 56323 6768956

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

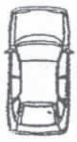
Excess Sec II :S$ D.O.A : 26/11/17 Place of Accident :

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

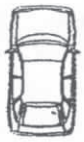
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

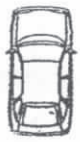
SFW 1331H → → →



INSRS:
WSP: Um Tan
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SFW 1331H - X ; SLE 9767 T - X

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:	

(08/11/17)

Surveyor:

REF: LCR

ASSIGNMENT

From: Date: 08.12.2017

Estimated Cost:

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

To Inspect Vehicle No: SFW 133H

at Workshop m/s Lim Tan

of Blk 176 Sin Ming Drive #03-09

Insured:

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record)

Make of Veh:

after 10:30am

(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: 02 days Res.: Yes or No

Lum Sum: 1.81 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SFW 1331H Yr Regn: 01 / 11

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

Make: Mer E200 (A) CGI c.c 1796

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

Sp.Reading 474434 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WDD 212 048 2A 340631

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: 245/45R17

R:

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.	26/11/17	D.O.I.	8/12/17

Survey held at

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

O/S Rear

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

Date / Time	Action / Instruction
11/12	File pass to Catherine
4	$726.00 email

Date/Time. File Pass to?

1)

Date/Time. File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation

Add Fee: ☐ : Site Insp ($) ___$ + RS ___SI

☐ : Interview ($) Photos

☐ : Tech. Invs ($) Others

☐ : Weekend ($)

TOTAL

Report Format :

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

Enquire Vehicle Registration Details

Owner Particulars

NRIC/Passport/Company Cert No.:	199303711H
Owner ID Type:	Company
Owner Name:	ROYAL LIMOUSINE PTE LTD
Registered Address:	12 ONE TREE HILL #01-01 ONE TREE HILL GARDENS SINGAPORE 248677
Mailing Address:	-

Vehicle Particulars

Vehicle No.:	SFW133H
Previous Vehicle No.:	-
Effective Date of Ownership:	05 Jan 2011
Original Regn Date:	05 Jan 2011
Registration Date:	05 Jan 2011
Year of Manufacture:	2010
Vehicle Type:	Private Hire (Self-Drive) Motor Car
Vehicle Scheme:	-
Vehicle Attachment 1:	No Attachment
Vehicle Attachment 2:	-
Vehicle Attachment 3:	-
Vehicle Make:	MERCEDES BENZ
Vehicle Model:	E 200CGI
Primary Colour:	Black
Secondary Colour:	-
Passenger Capacity:	4
Chassis No.:	WDD2120482A340831
Engine No.:	27186030151452
Engine Capacity/Power Rating:	1796 cc / -
Propellant:	Petrol
Max Unladen Weight:	1615 kg
Maximum Laden Weight:	2150 kg
Open Market Value:	$53,923.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	04 Jan 2021
Minimum PARF Benefit:	$26,961.00
No. of Transfers:	0
IU Label No.:	1124474741
COE No.:	20101201070002270
COE Expiry Date:	04 Jan 2021
COE Category:	E - Open Category
COE Registration Category:	B - Car (1601cc & above)