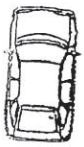
13/5/2010

INS. CASE OWNER: Mavis | CC 4 / LCR170 24174 IT/pa3 | LKK: IDAC:

ASSIGNMENT

Surveyor: TAUFIKH DOI: 22/12/17 Date / Time : 20/12/17

Pre-assign / CCU / FTE Registered in Mcrimen: 20/12/17



Insured Vehicle No. : SLM 1102 Claim No. : 3538960617SG

Name of Insured : LCR Policy No. : 0999995093

Insured Tel No. : HP: Make / Model : MAZDA 2-1.5 SEDAN L SP. 6SAT (A)

Excess Sec II :S$ D.O.A : 28/11/17 Place of Accident : ALONG BUONGKOK GREEN OPP HOUGANG PRIMARY SCHOOL

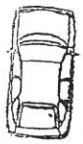
Is driver the owner? (YES / (NO)) Nature of Accident :

If NO, Driver Name / Age : MUHAMMAD ISKANDAR BIN SUKAROI

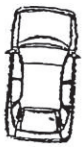
Driver Tel No. : (V/L (YES) NO) OI GIA REPORT: (YES) / NO ; TP GIA REPORT: (YES) / NO

Insured Liability : % Final ? Yes / No

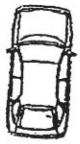
SKH 5906G →



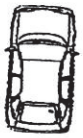
INSRS:
WSP: Weerness (Log lee)
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SKH 5906G - X SLM 1102 - CC4/LCR1703137/IT/pa332 Date: 13/04/17
02/01/08 (HT)	

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$	
Disbursement:	S$	1) Claim status: Normal/Reject/Private Settle
Legal Cost	S$ (e.g. Tow/ Independent)	2) Report Format:
Total:	S$ Global Sum S$:	3) Survey fee:

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:	

Surveyor: Taylor | REF: ATCH

ASSIGNMENT

From: | Date: 22122017

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

Date: | Person Contacted: Michelle | Vehicle: IN / OUT

Veh No: SKH5906G | Yr Regn: 2012 / December

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

Make: Volvo S80 | c.c 1596

Colour U S/new | A/C: Insured / Std / NI / NA

Sp.Reading 99483 | T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: YV1AS48HBD1167629

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: 225/50R17

R: 17

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.		D.O.I.	22/12/17 5pm

Survey held at Weavers Alexandra

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
	91294556

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:	
___$ - PS ___SI	
Photos	
Others	
TOTAL	