15/5/2010

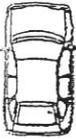| INS. CASE OWNER: Bayagan | CC 4/LCR170 24380 1 kjs3 | LKK: |
| | | IDAC: |

ASSIGNMENT

Surveyor: KENNETH　　DOI: 26/12/7　　Date / Time: 26/12/7

Registered in Merimen: 26/12/7

Pre-assign / CCU / FTE

Insured Vehicle No.　:　SLD 4207G　　　　Claim No.　:　98672 247359

Name of Insured　:　LCR　　　　Policy No.　:

Insured Tel No.　:　　　　HP:　　　　Make / Model　:

Excess Sec II :S$　　　　D.O.A: 19/12/7　　Place of Accident :

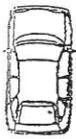Is driver the owner?　(YES / NO)　Nature of Accident :

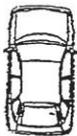If NO, Driver Name / Age :　　　　OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

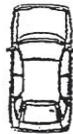Driver Tel No. :　　　　(V/L: YES / NO)　Insured Liability :　　%　Final ? Yes / No

FW 1614E ⟶　　⟶　　⟶

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

Date/ Time			STAGE	DATE / PIC
	FW 1614E - X ; SLD 4207G - X			
02/01/08 (Joy)	# OI NR - SEND FIRST EMAIL TO LCR.		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:	

ASSIGNMENT

From: _____ Date: **26/12/17**

Estimated Cost: _____

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

To Inspect Vehicle No: **FW 1614E**

at Workshop m/s **GA Motor**

of **Blk 32 Sin Ming Drive # 01- 331**

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.

Bal. or Market Value: **8 8k**

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 **wp**
1/23
Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: **FW 1614 E** Yr Regn: **01, 03**

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

Make: **Honda CB400** c.c **399**

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

Sp.Reading **111768** T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: **NC39 · 1034023**

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: **120/60ZR17**

R: **160/60R17**

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

Front		Rear	
R/Bal. **3** mm		R/Bal. **4** mm	
L/Bal. mm		L/Bal. mm	
D.O.A. **19/12/17**		D.O.I. **26/12/17**	

Survey held at _____

Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
Rre & o/s body

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

Date / Time	Action / Instruction
27/12	**file pass to Carhunre**

Date/Time. File Pass to? ☐ : Preli. Report

1) _____ ☐ : Final Report

Date/Time. File Return to?

2) _____

Report Format : _____

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

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

Add Fee: ☐ : Site Insp ($ _____) __S +RS__SI
        ☐ : Interview ($ _____) Photos
        ☐ : Tech. Invs ($ _____) Others
        ☐ : Weekend ($ _____)

TOTAL: _____