15/5/2010

INS. CASE OWNER: CC6 / DAI1702 4439 / Ups3

LKK:

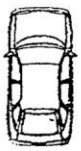
IDAC:

ASSIGNMENT

Surveyor: Marcus DOI: _____ Date / Time : 27/12/17

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SKZ 3584U

Name of Insured : LEE, DI WEI

Insured Tel No. : _____ HP: 9682 7090

Excess Sec II :S$ _____ D.O.A : 23/12/17

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. : _____

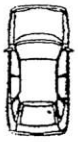
Make / Model : HONDA JAZZ 1.5 VTZR CVT ABS DUAL AIRBAG 2WD

Place of Accident : SLIP RD PAYA LEBAR RD TWDS PIE (TWAS)

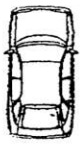
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % **Final ? Yes / No**

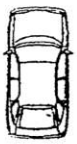
SGX 6885P → _____ → _____ → _____



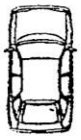
INSRS:
WSP: Fastech
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SGX 6885P - CC3/AXA1400582O/m1gbu2-1 DOA: 26/03/14
	- CC3/AXA1400582O/f6u2 DOA: 26/03/14
	- NA/DAI1702452 7/24 DOA: 23/12/17
	SKZ 3584U - NA/DAI1702432 7/24 DOA: 23/12/17
	- NA/EQI1600448 2/c3 DOA: 08/03/16
	- NA/TMI1600448 5/d2 DOA: 08/03/16

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:	

Marcus REF: DA1/

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No: SGX6888SP

at Workshop m/s: AL

of:

Insured: SKZ3544

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
	O

Bal. or Market Value:

IDAC Accident Report: 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 27581

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SGX6888P Regn: 9 07

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

Make: Suzuki swift cc 1328

Colour: Grey A/C Insured / Std / Nil / NA

Sp Reading: 116269 T/Radio Insured / Std / Nil / NA

Eng No:

C No: ZC11S181838

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: 185/60R15

R:

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

Front		Rear	
R/Bal.	6 mm	R.Bal.	6 mm
L/Bal.	6 mm	L.Bal.	6 mm
D.O.A.	23/12/17	D.O.I.	26/12/17

Survey held at:

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

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

Date / Time Action / Instruction 2/9/2022

LTA 20655

Date/Time File Pass to? : Preli. Report

: Final Report

Date/Time File Return to?

Days Of Repair:

Resurvey No. of Trip:

Add Fee: Site Insp $

Interview $

Tech $

Weekend $

Survey Fee

Transportation

Photo

Report Format :

Lump Sum / I.B.: $

Total