15/5/2010

INS. CASE OWNER: CC b/LPC1800 3579, Kyoo

LKK:

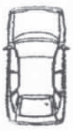
IDAC:

ASSIGNMENT

Surveyor: Kenneth DOI: 22/7/18 Date / Time : 22/7/18

Registered in Merimen: ✓

Pre-assign / CCU / FTE



Insured Vehicle No. : SER 1594X Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 08/07/18 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**

SJN 8078B → → →

INSRS:
WSP: Siong Lee
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SJN 8078B → SER1594X →	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:		

REF: LPC

ASSIGNMENT

From: Date: 22/2/18

Estimated Cost:

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

To Inspect Vehicle No: SJN 8028B

at Workshop m/s: Siong Lee Motor

of: 160 Sin Ming Drive #02-07

Insured:

Policy No:

Claims No:

Sum Insured: Excess:

(Client's Record) Mr. Lim (P) 6453 1255

Make of Veh:

(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: 02 days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS 'up)

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SJN 8028B Yr Regn: 09 16

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

Make: BMW X3 (A) c.c.: 1997

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

Sp.Reading: 36668 T/Radio: Insured / Std / NI / NA

Eng No:

C/No: WBAWY920000R59723

Gen. Cond: Good / Fair / Poor / Burnt (Good circled)

Steering: Inorder / Jammed / Leaked / Burnt or (Inorder circled)

Brake: Inorder / Jammed / Leaked / Burnt or (Inorder circled)

Mod: Nil / S/Rim / STD A/Rim or (STD A/Rim circled)

Tyre Size F:

R: 245/50R18

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

Front		Rear	
R/Bal:	5 mm	R/Bal:	6 mm
L/Bal:	5 mm	L/Bal:	6 mm
D.O.A:	8/2/18	D.O.I:	22/2/18

Survey held at: ✓

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

Rear N/S

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

Date / Time	Action / Instruction
23/2	File pass to Navita

Date/Time File Pass to: [ ] Preli. Report [ ] Final Report

Date/Time File Return to:

Days Of Repair:

Resurvey No. of Trip:

Survey Fee

Transportation

Add Fee: [ ] Site Insp. $ [ ] Interview $ [ ] Technical $ [ ] Meeting $

Report Format:

Lump Sum / I.B.