15/5/2010

INS. CASE OWNER: | CC 4 /EQI1800 9774, [illegible] s3 | LKK: IDAC:

ASSIGNMENT

Surveyor: Marcus DOI: 30/5/2018 Date / Time : 30/5/18

Registered in Merimen: —

Pre-assign / CCU / FTE

Insured Vehicle No. : GBD 4860M			Claim No. :	
Name of Insured : SOON TIONG ELECTRICAL ENGINEERING			Policy No. :	DMCPHQ17-016560
Insured Tel No. :	HP:		Make / Model :	TOYOTA
Excess Sec II :S$	D.O.A : 18/4/18		Place of Accident :	Junc of Woodlands Ctr Rd Blk 161 Osc
Is driver the owner? (YES / NO) [NO circled]	Nature of Accident :			
If **NO**, Driver Name / Age : MOE CHEE SIONG			OI GIA REPORT: YES / NO [YES circled] ; TP GIA REPORT: YES / NO [YES circled]	
Driver Tel No. :	(V/L: YES / NO) [YES circled]		Insured Liability : %	**Final ? Yes / No**

GZ 7477S → → →

INSRS: WSP: Liu's Bro. Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
31/5/18 Bernan	GZ7477S-4 GBD4860M-4
31/5/10	Call OID confirm accident details. OID was stationary in the yellow box when TP drive and collided to our insured vehicle. OID to get evidence from and revert back to us.

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: Email ☐ Call ☐
Repair Cost:	S$ (days)	Reduction: %	
FINAL SETTLEMENT	Date/Time: 17/8/2020	Confirm with Susan	Email ☑ Call ☐
Final Liability:	% 80	(Agreed / Assessed) [Assessed circled] BOLA S/N No. : NIL	If NO or B 28, Ass. Lia : Contribution,
Repair Cost: 6800.00	S$ 5440.00		
Loss of Rental (LOR):	S$ —	(— days)	
Loss of Use (LOU): 600	S$ 480.00	($60 x 10 days)	
Loss of Income (LOI):	S$	($ x days)	
LOR only ☐ LOU only ☑	LOR + LOU ☐	LOR + LOI ☐ **[Tick only one]**	
GIA/LTA Search	S$ 2.00		
Medical:	S$ —		1) Claim status: Normal/Reject/Private Settle [Normal circled]
Disbursement:	S$ —	(e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost	S$ —		3) Survey fee: $400.00
Total:	**S$** 5922.00	**Global Sum S$:** 5900.00	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$ 5900.00	Name 1: Liu's Brother Auto Engineering Workshop.	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	

(08/11/13) wef

ASS. REC. BY: Moreus

REF: EP m

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: GA 74775

at Workshop m/s 1145 gw

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: 22k.

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 8 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS 28/8/2021

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: GA 74775 Yr Regn: F / 06

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

Make: M.F 2300 c.c 2477

Colour wh-te A/C: Insured / Std / NI / NA

Sp.Reading 403484 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JMAJNP1SV6A00 15-18

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-R14

R: _____

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

Front		Rear	
R/Bal.	7 mm	R/Bal.	7 mm
L/Bal.	7 mm	L/Bal.	7 mm
D.O.A	18/5/18	D.O.I	30/5/18

Survey held at _____

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

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

Date / Time	Action / Instruction
	LTA 15007
	3yrs. 3mth.
	US @ 68W Creek 11564V 6391

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Prell. Report

☐ : Final Report

Report Format : _____

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

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. Invs ($ _____)

☐ : Weekend ($ _____)

Survey Fee:	
Transportation: ___$ x RS, ___SI	
Photos	
Others	
TOTAL	