15/5/2010

INS. CASE OWNER: CC4 / LPC 180 09746 / T| aa3

LKK:
IDAC:

ASSIGNMENT

Surveyor: WMH   DOI: 31-5-18   Date / Time : 30/05/2018

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. : XD 2522S   Claim No. : 18/18/18/VC10/020641 Cot

Name of Insured :   Policy No. :

Insured Tel No. :   HP: Make / Model :

Excess Sec II :S$ D.O.A : 29/05/2018   Place of Accident :

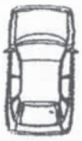
Is driver the owner? (YES / NO)   Nature of Accident :

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**

PA9006E → ______ → ______ → ______

INSRS:
WSP: Serve You Motor.
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	PA9006E - X
	XD2522S - CS/LPC/15008033/Rgy3d1 ; DOA 11/8/15

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:

22/03/2002

ASS. REC. BY: | REF: CS3/LPC18009746/ qd3 | Special Instruction:

Surveyor :

ASSIGNMENT (Office)

From (Person): Onglili of LPC Date/Time: 30/5/18 @ 3.19pm

Estimated Cost: Bill to:

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

To Inspect Vehicle No: PA 9006E Insured: XD2522S

at Workshop m/s Serve You Motor Tel: 9239 3188

of Blk 5033 AMK Ind. Park 2 # 01-265

Policy No: Claim No: 18/18/18/VC10/020641

Sum Insured: Excess:

Make of Veh: D.O.A. 29/05/2018
(Client's Record)

CA / REV / REP. / REV 24 HRS (up) 31/05/2018 @ No.8 Jalan Papan

H.O.D. Endorsement:

Date/Time: 3.23pm @ 30/5/18 Person Contacted: Elaine Vehicle IN / OUT

Date/Time	Action/Instruction (X) Estimate Insp:(jurong)
	PA 9006E - NA/RS/1101891O/W1 DOA: 15/9/2011
	XD 2522S - CS/LPC1500803 3/RgY3d1 DOA: 11/5/2015
	wksp ask to check liability

Est. Repairs: days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

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

Date: Person Contacted: Elaine Vehicle: IN / OUT

D.O.A. D.O.I. 31/5/18 @ 1215pm

Survey held at Serve You Motor.

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

Frt N/S

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

Date / Time	Action / Instruction
	w/s will mail estimate later.

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