15/5/2010

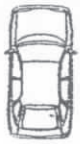
INS. CASE OWNER: CL | CC 4/ ASM 180 12054/ Dfa3 | LKK: IDAC: 55017

ASSIGNMENT

Surveyor: AB | DOI: 3/07/2018 | Date / Time : 2/7/18

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : GBA7255G | Claim No. : S8M00FLO

Name of Insured : BAN THONG LOGISTIC PTE | Policy No. : P1739127

Insured Tel No. : | HP: | Make / Model : Mit.

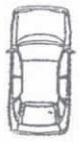
Excess Sec II :S$ | D.O.A : 12/6/2018 | Place of Accident : YISHUN AVE 3

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

If **NO**, Driver Name / Age : | OI GIA REPORT: (YES) / NO ; TP GIA REPORT: (YES) / NO

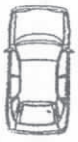
Driver Tel No. : (V/L: YES / NO) | Insured Liability : % **Final ? Yes / No**

FBM 8070 C → → →



INSRS:
WSP: SG 98
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	FBM 8070 C- X ; GBA7255G - NATEA 1700 0481/13 , DOA: 2/3/17

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:	

Garage | REF:

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No

at Workshop m/s

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:

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 2 days Res.: Yes or No

Lum Sum: 20 % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: FBM 8070C Yr Regn: 2018, April

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

Make: Honda CB 150 c.c 149

Colour: Blue A/C, Insured / Std / Nil / NA

Sp.Reading: 3089 T/Radio: Insured / Std / Nil / NA

Eng/No: KC32E0013265

C/No: MLHKC2881J5013265

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Intact / Jammed / Leaked / Burnt or

Brake: Intact / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 110/70 R17

R: —"—

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

Front			Rear		
R/Bal.	3	mm	R/Bal.	3	mm
L/Bal.		mm	L/Bal.		mm

D.O.A. 12/06/2018 D.O.I. 03/07/2018

Survey held at SG 98 Ang Mo Kio

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or, N/S Front & N/S Body

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

Date / Time	Action / Instruction
	AXA GBA 7255G MV 12K L/A 5.6K HL 6.4K
18/07/18	[illegible] N/S 450/- with 2 days [illegible]

Date/time, File Pass to?

1) [ ] : Preli. Report

[ ] : Final Report

Date/time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Add Fee: [ ] : Site Insp ($)

[ ] : Interview ($)

[ ] : Tech. Invs ($)

[ ] : Weekend ($)

Survey Fee:

Transportation:

S + R8, St

Photos

Others

Report Format :

Lump Sum / I.B.E ($)