15/5/2010

INS. CASE OWNER: CC4 / LQL 180 16834 / U ha3

LKK:

IDAC:

ASSIGNMENT

Surveyor: Mappus

DOI: 13/9/18

Date / Time : 14/9/2018.

Registered in Merimen: –

Pre-assign / CCU / FTE

Insured Vehicle No. :	SJN 4776B	Claim No. :	
Name of Insured :	PATRICK CHEAH POH JIN	Policy No. :	DMPPHQ18-000849
Insured Tel No. :	HP:	Make / Model :	T. AX20.
Excess Sec II :S$	D.O.A : 13/9/18	Place of Accident :	East Coast Rd
Is driver the owner?	(YES / NO) — NO circled	Nature of Accident :	
If NO, Driver Name / Age :	Quah Lizyming.	OI GIA REPORT: YES / NO (YES circled) ; TP GIA REPORT: YES / NO (YES circled)	
Driver Tel No. :	91069028 (V/L: YES / NO)	Insured Liability : %	Final ? Yes / No

SMC7094M → → →

INSRS: WSP: Kah Motor Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	SMC7094M - X ;
	SJN4776B - CC3/EQ1160148871 / K14634 ; DOA: 8/8/16

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:	

(08/11-13)

REF: TQL

Surveyor:

ASSIGNMENT

From: Date: 17092018

Estimated Cost:

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

To Inspect Vehicle No: SMC 7094M

at Workshop m/s Kah Motor

of 15 Ubi Rd 4

Insured:

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record)

Make of Veh: Mr.Hm

10am

(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**

G/A / 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 L1A38878

Vehicle: **IN / OUT**

Date: Person Contacted:

Veh No: SMC 7094M Yr Regn: 7 / 18

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

Truck / Trailer or CA/

Make: Honda HR-V c.c 1496

Colour Grey A/C: **Insured / Std / NI / NA**

Sp.Reading 44854 T/Radio: **Insured / Std / NI / NA**

Eng/No:

C/No: JHMRU1810GX204309

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:

R: 215/60R16

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

Front		Rear	
R/Bal.	8 mm	R/Bal.	8 mm
L/Bal.	8 mm	L/Bal.	8 mm
D.O.A.	12/9/18	D.O.I.	17/9/18

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

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 ($)

Report Format :

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

Survey Fee:	
Transportation:	
___S + RS, ___SI	
Photos	
Others	
TOTAL	