INS. CASE OWNER: CC 4/LPC 180 18198, K was | LKK: IDAC:

ASSIGNMENT

Surveyor: KSL DOI: 9-10-18 Date / Time : 8.10.18

Registered in Merimen: –

Pre-assign / CCU / FTE

Insured Vehicle No. : GY 7797 Z Claim No. : 18/10/18/VC05/020989

Name of Insured : Policy No. : Gx

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 4-10-18 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**

FBF 3126X → → →

INSRS: WSP: Tel : Liability : RMKS: Autowerke

INSRS: WSP: Tel : Liability : RMKS:

INSRS: WSP: Tel : Liability : RMKS:

INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	FBF 3126X - NA/INC/20/14420/el ; DOA: 23/7/20
	GY 7797 Z - X

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: L/S S$ 3,000 (5 days) Reduction: 13,702.30 / 82% % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 4/6/2020 Confirm with ANNA Email ✓ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost: (w/GST)	S$ 3,210.00	
Loss of Rental (LOR):	S$ (days)	
Loss of Use (LOU):	S$ 100 ($ 50 x 2 days)	
Loss of Income (LOI):	S$ ($ x days)	
LOR only ☐ LOU only ✓ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]		
GIA/LTA Search	S$ 29.00	
Medical:	S$	1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ (e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost	S$	3) Survey fee: $450
Total:	S$ 3,339.00 **Global Sum S$:** 3,300.00	

FINAL PAYMENT Date/Time: Confirm with: Email ☐ Call ☐

Payee 1:	S$ 3,300.00	Name 1:	AUTOWERKE AUTOMOTIVE PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	

Surveyor

REF: NPC

ASSIGNMENT

From: Date: 09.10.2018

Estimated Cost:

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

To Inspect Vehicle No: FBF 3126X

at Workshop m/s Autowerkes Automotive

of 176 Sin Ming Drive #03-21

Insured:

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record)

Make of Veh: Ah Huat

(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: days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: FBF 3126X Yr Regn: /

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

Make: Yamaha FZ c.c

Colour Multi Colour A/C: Insured / Std / NI / NA

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

Eng/No:

C/No: ME1216052820 28817

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: 90/80R17

R: 130/70R17

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

Front		Rear	
R/Bal.	3 mm	R/Bal.	3 mm
L/Bal.	mm	L/Bal.	mm
D.O.A.		D.O.I.	9/10/18

Survey held at ✓

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

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

Date / Time	Action / Instruction
10/10	File pass to Catherine, no GIA & est.
10.10.2018	Alex not yet done the estimate. will email to us shortly.

Date/Time, File Pass to? ☐ : Preli. Report

1) ☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation: ___S + RS, ___SI

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($) Photos

☐ : Tech. Invs ($) Others

☐ : Weekend ($)

TOTAL

Report Format :

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