15/5/2010

INS. CASE OWNER: Peter | CS3 CC4 /ASM /AXA1801 Q412, D Dapa3 | LKK: IDAC:

ASSIGNMENT

Surveyor: Bryan DOI: ______ Date / Time : 25/10/18

Registered in Merimen: ______

Pre-assign / CCU / FTE

Insured Vehicle No. :	GY 30 A	Claim No. :	S8MU010FL / 77741
Name of Insured :	Guan Hiang Confectionery	Policy No. :	GA7161466.
Insured Tel No. :	HP:	Make / Model :	NISSAN.
Excess Sec II :S$	D.O.A : 22/10/18.	Place of Accident :	UTE TMS AMK.

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

If **NO**, Driver Name / Age : Wg Hwee Pin

Driver Tel No. : (V/L: YES / NO)

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % **Final ? Yes / No**

SGB 8409J → ______ → ______ → ______

INSRS: WSP: Tel : Liability : Em-1 RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	SGB 8409J-X GY 30 A-Y
22/10/18	
vivian	Assume claim.
	-VIWE
8/5/19	Confirm accident details. inform TP claim. letter send out
	Pending survey.

STAGE	DATE / PIC
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	8/5/19
After call ltr to OI:	vivian

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: Confirm by: Email ☐ Call ☐

FINALIZATION Date/Time: Confirm with:

Repair Cost: S$ (days) Reduction: %

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

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 28	If NO or B 28. Ass. Lia : 100
Repair Cost:	S$	O&D involved in 3C.C
Loss of Rental (LOR):	S$ (days)	O&D is the last veh.
Loss of Use (LOU):	S$ (S x days)	
Loss of Income (LOI):	S$ (S x days)	
LOR only ☐ LOU only ☐	LOR + LOU ☐ LOR + LO ☐ **[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:

ASS. REC. BY:

ASSIGNMENT

COE Jan 2021

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. _____

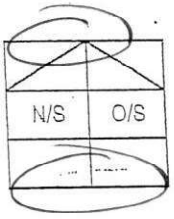
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



Bal. or Market Value: _____

IDAC Accident Rport: _____ Consistent? : Yes or No

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

Est. Repairs: 7 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: SGB 8409J Yr Regn: Jan / 1996

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

Make: Honda Civic SIR c.c 1596

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

Sp.Reading 9219 T/Radio: Insured / Std / NI / NA

Eng/No: B16A51000182

C/No: JHMEK46500S002022

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: 195/55R15

R: — 11 —

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

Front		Rear	
R/Bal.	5 mm	R/Bal.	5 mm
L/Bal.	5 mm	L/Bal.	5 mm

D.O.A. 23/10/2018 D.O.I. 25/10/2018

Survey held at EM-1 Sin Ming

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

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

Date / Time	Action / Instruction
	AXA GT30A
	only first survey. No dismantle. No after rpn.
	MV 23K
	LTA 12.4K Repair Range $7500 – $8500.00
	NL 10.6K

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: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. Invs ($ _____)

☐ : Weekend ($ _____)

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