

INS. CASE OWNER:

Lionel Tan

CC4/FWD19001191/Apa3

LKK:

IDAC:

Surveyor:

ADRIAN

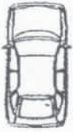
DOI: 30/01/2019

ASSIGNMENT

Date / Time : 18/01/2019

Registered in Merimen: 18/01/2019

Pre-assign / CCU / FTE



Insured Vehicle No. : SLH 9964A

Name of Insured : SEAH KEN CHONG

Insured Tel No. : HP:

Excess Sec II :S\$

D.O.A : 14/01/2019 10:50

Is driver the owner? (YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

Claim No. : 1201900002541

Policy No. : PNPV2018-00001843

Make / Model : NISSAN LATIO-1.5 SPORTS (A)

Place of Accident : ALONG JALAN EUNO TOWARDS ECP

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

Insured Liability : % Final ? Yes / No

SKR 6768D

INSRS:
WSP: TEK SOON
Tel: MOTOR
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SLH 9964A - x	Non-Reporting ltr (1st):	
	SKR 6768D - CS/MSG18013400/Ard3n2; DOA: 19/07/18	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:	Confirm by:
FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost:	S\$	(days) Reduction:	%
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\$		
Disbursement:	S\$	(e.g. Tow/ Independent)	
Legal Cost	S\$		
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:

REF

CS/FWD19001191/A d3

Special Instruction:

Surveyor

Merimen

ASSIGNMENT (Office)

From (Person):

Lionel Tan

of

FWD

Date/Time:

18/1/19 @ 4.19pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SKR 6768D

Insured:

SLH 9964A

at Workshop m/s

Tek soon motor

Tel:

6747 5484

of

1 kaki Bukit Ave 6 # 01-93

9161 3530

Policy No:

Claim No:

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

14/01/2019

CA / REV / REP. / REV 24 HRS

up

H.O.D. Endorsement:

Date/Time:

4.56pm @ 18/1/19

Person Contacted:

Ah Lek

Vehicle IN ☒ OUT

Date/Time

Action/Instruction

(✓)

Estimate

SKR 6768D - CS / MSG18013400 / Ard3n2

DUA. 19/7/2018

SLH 9964A - X

31/1/19

Informed Lionel pending est from repairer by merimen

13/6/19

@ 1158am Ah Lek will pass est to Adrian

4/9/19

@ 401pm Repairer will check

ASS. REC. BY:

REF:

Adrian

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:

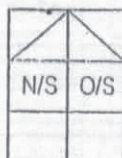
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Bal. or Market Value:

IDAC Accident Rpt:

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

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SKR6768P

Yr Regn:

/

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

Truck / Trailer or

Make:

Suzuki Grand Vitara

C.C

Colour:

Silver

A/C: Insured / Std / NI / NA

Sp. Reading

155755

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / SRim / STD A/Rim or

Tyre Size: F:

225/55R18

R:

225/55R18

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

Front

Rear

R/Bal.

06

mm

R/Bal.

06

mm

L/Bal.

06

mm

L/Bal.

06

mm

D.O.A.

D.O.I.

30/01/19

Survey held at

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

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

Date / Time

Action / Instruction

TP FWD.27/1/19@347pm Repairer said want to do direct settlementMV:PV:Nett:

Date/Time, File Pass to?

Date/Time, File Return to?

Part Prices Check:

IN

OUT

Survey Fee:

Date:

Basic & Add.

S + RS, SI

Photos

Others

TOTAL

1)

2)

3)

4)

5)

6)

Prel. Report:

Final Report: