INS. CASE OWNER: CC 4/ 111 1900 7401 / GHa03 LKK: IDAC:

ASSIGNMENT

Surveyor: XGW DOI: 26/04/2019 Date / Time: 23/4/19
Registered in Merimen: 5/5/2019

Pre-assign / CCU / FTE

Insured Vehicle No. : SHA 1841 H Claim No. :
Name of Insured : CTPL Policy No. :
Insured Tel No. : HP: Make / Model :
Excess Sec II :S$ D.O.A : 16/4/19 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**

FX 3336 P → →

URGENT

INSRS:	INSRS:	INSRS:	INSRS:
WSP: YP motorsports.	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	
	FX 3336 P - X
	SHA1841H - CC3/111 1800 7983/GHa03 DOA: 18/1/18
	Pending LOD
	- TP LOD IN BY EMAIL
13/8/19 —	FTE → type mandate

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$ 1100.00 (3 days) Reduction: 60 % Email Call

FINAL SETTLEMENT Date/Time: 30/7/2020 Confirm with YP Email ✓ Call

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 5	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 1100.00	COLD MAKING TURN
Loss of Rental (LOR):	S$ — (days)	W/ GREEN LIGHT)
Loss of Use (LOU):	S$ 125.00 ($25 x 5 days)	
Loss of Income (LOI):	S$ — ($ 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: TP
Legal Cost	S$ —	3) Survey fee: $350.00
Total:	S$ 1225.00 **Global Sum S$:**	

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

Payee 1:	S$ 1225.00	Name 1:	YP Motorsports Trading
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	

Surveyor GCL | REF: III

ASSIGNMENT

From: ~~PRS~~ Date: 26/4/19

Estimated Cost:

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

To Inspect Vehicle No: FX 3336P

at Workshop m/s YP Motorsports

of Blk 9004 Tampines St 93 #

Insured: 01-92

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: 3 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS lump

Date: Person Contacted: Vehicle: IN / OUT

Veh No: FX 3336P Yr Regn: 29 oct 2003

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

Make: Yamaha Y125Z c.c 125

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

Sp.Reading 46313 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: PMYKE06003000 2877

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: 70/90-17

R: 11

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

Front		Rear	
R/Bal.	Y mm	R/Bal.	Y mm
L/Bal.	mm	L/Bal.	mm
D.O.A.		D.O.I.	26-04-19

Survey held at W/S 5:30pm

Des. of Damages : Fr / Rear / O/S / N/S / U/C / Rooftop or and

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

Date / Time	Action / Instruction
29/4	Finalized $1100 with Boss (Red $1639.10 / 60%)

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($) ☐ : Interview ($) ☐ : Tech. Invs ($) ☐ : Weekend ($)

Survey Fee:

Transportation: S + RS, SI

Photos

Others

TOTAL

Report Format :

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

ASS. REC. BY:
Surveyor: [illegible]

REF: CS / III 19007401 / 9913

Special Instruction:

ASSIGNMENT (Office)

From (Person): Gubsel Wee of III Date/Time: 23/4/19 @ 9:30am

Estimated Cost: Bill to:

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

To Inspect Vehicle No: FX 3336 P Insured: SHA 1841 H

at Workshop m/s: Yp Motor Tel: 6787 1335

of Blk 9004 Tampines St. 93 #01-92

Policy No: Claim No:

Sum Insured: Excess:

Make of Veh: D.O.A. 16/04/2019
(Client's Record)

CA / REV / REP. / REV 24 HRS H.O.D. Endorsement

Date/Time: 23/4/19 @ 1.41am Person Contacted: Moni/Lim Vehicle IN / OUT

Date/Time	Action/Instruction (X) Estimate
	FX 3336-X
	SHA 1841H - CS3/1418020983/ E1093 D.O.A - 18/11/2018
29/4/19	XGK informed that the WKSP (Boss) agreed to do 'OS'