

INS. CASE OWNER:

CC 4, III 1900 7401, 67403 91

LKK:
IDAC:

Surveyor:

K6W2

DOI:

ASSIGNMENT

26/04/2019

Date / Time:

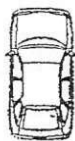
23/4/19

Registered in Merimen:

5/5/2019

Pre-assign / CCU / FTE

SHA 1841 H



Insured Vehicle No. :

Name of Insured :

Insured Tel No. :

HP:

Excess Sec II :SS

D.O.A :

16/4/19

Is driver the owner?

(YES NO)

Nature of Accident :

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

Claim No. :

Policy No. :

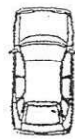
Make / Model :

Place of Accident :

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

Insured Liability : % Final ? Yes / No

FX 3336 P



INSRS:

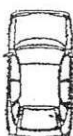
WSP:

Tel :

Liability :

RMKS:

Yp motorsports.



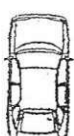
INSRS:

WSP:

Tel :

Liability :

RMKS:



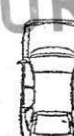
INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

URGENT

Date/ Time

FX 3336 P-X

SHA 1841 H - cc3/m 182 20/83/14en3 :m 18/10/18

Paddy LOD

TP LOD IN BY EMAIL

13/8/19

File -> 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: 20/8/2020 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

COLO WAITING TURN
w/ GREEN LIGHT

Loss of Rental (LOR):

S\$ - (days)

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\$ -

Disbursement:

S\$ -

(e.g. Tow/ Independent)

Legal Cost

S\$ -

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

S\$ 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:

09/12/14
GARY J. JAC

612

REF: III

ASSIGNMENT

From: PPS 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 Tempires 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.

Bal. or Market Value:

IDAC Accident Rpt: 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 1up

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: PMYKE060030002877

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / 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 sport

Front

Rear

R/Bal. 4 mm R/Bal. 4 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?

☐ : Preli. Report
☐ : Final Report

1)

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

7/00/2000

ASS. REC. REC.

SMV/Veh

REF: CS .1 II 19007401/69d3

Special Instruction

ASSIGNMENT (Office)

From (Person): Gubert wee

of

II

Date/Time:

23/4/19 @ 9:00am

Estimated Cost:

Bill to:

OD / WP / WS / TP RES / OD RES / EYA / INV / MY / CS

To Inspect Vehicle No:

FX 3336P

Insured:

SHA 1841 H

at Workshop m/a

Yp Motor

Tel:

6787 1335

of Blk 9004 fempines st. 93 #01-92

Policy No:

Claim No:

Sum Insured:

Excess:

Make of Vch

(Client's Record)

D.O.A

16/04/2019

CA / REV / REP / REV 24 HRS

H.O.D. Endorsement

Date/Time:

23/4/19 1.41m

Person Contacted:

roni/cim

Vehicle IN/OUT

(IN/OUT)

Date/Time

Action/Instruction (X) Estimate

FX 3336-X

SHA 1841 H- C3/14.18020983/ E1x93

D.O.A - 18/11/2013

29/4/19

XKR informed that the WKSP (boss) agreed to do '05'