15/5/2010

INS. CASE OWNER: Joel Goh | CC 4 /EQI1900 8515 /E XP 9463 | LKK:
IDAC:

ASSIGNMENT

Surveyor: Steve   DOI: 14/5/19   Date / Time : 14/5/19.

Registered in Merimen: —

Pre-assign / CCU / FTE

Insured Vehicle No. : YP 9776E   Claim No. : DMJAH001313

Name of Insured : BLOSSOMGFOOD P/L   Policy No. : DMCPRR18-00fu58.

Insured Tel No. :   HP: Make / Model : HINO

Excess Sec II :S$ D.O.A : 8/5/19.   Place of Accident : GEYLANG LOR 3.

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

If **NO**, Driver Name / Age : Wang Zhi Meng.   OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. :   (V/L: YES / NO)   Insured Liability : %   **Final ? Yes / No**

SJS 2569U. →   →   →

INSRS:	INSRS:	INSRS:	INSRS:
WSP: 3A Automobile	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	
	SJS2569U – L YP9776E – A
	* EQ: To obtain TP video
	PIC: Poh Kin
18/11/19	– No video from TP. Only scene photos
29/9/2020.	– Based on scene photos, TP version is more credible. To settle at best.

STAGE	**DATE / PIC**
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	Sent 18/11/19
After call ltr to OI:	(By email)

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: Lumpsum S$ 4900.00 (6 days) Reduction: 60 %   Email [ ] Call [ ]

FINAL SETTLEMENT Date/Time: 29/9/2020 Confirm with Lydia   Email [✓] Call [ ]

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : NIL (G/S).	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 4900.00	
Loss of Rental (LOR):	S$ — (— days)	
Loss of Use (LOU):	S$ 420.00 (S$ 60 x 7 days)	
Loss of Income (LOI):	S$ — (S$ x days)	
LOR only [ ] LOU only [✓] LOR + LOU [ ] LOR + LO [ ] **[Tick only one]**		
GIA/LTA Search	S$ 2.00	
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: $400.00
Total:	S$ 5322.00 **Global Sum S$:** 5300.00	

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

Payee 1:	S$ 5300.00	Name 1: 3A Automobile Pte Ltd
Payee 2: (Strike if N.A.)	S$	Name 2:
Payee 3: (Strike if N.A.)	S$	Name 3:

Surveyor: Steve | REF:

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.

N/S	O/S

Bal. or Market Value:

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 6 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 SJS 2569U Yr Regn. 6/8/09

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

Make: Toyota VIOS J cc 1497

Colour Silver A/C Insured / Std / NI / NA

Sp.Reading 238753 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: MR053HY9305115971

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: 185/60R15

R: "

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

Front			Rear		
R/Bal.	6	mm	R/Bal.	6	mm
L/Bal.	6	mm	L/Bal.	6	mm

D.O.A. 8/5/19 D.O.I. 14/5/19

Survey held at 3A Automobile

Des. 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

MV - 43,000
PV - 32,096
NV - 10,904

4S $ 49W CRed 7360.76(64)

Date/Time. File Pass to? 1)

: Prelim. Report

: Final Report

Date/Time. File Return to? 2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation

Add Fee: : Site Insp ($) S+RS

: Interview ($) Photos

: Tech Invs ($) Others

: Weekend ($)

TOTAL

Report Format :

Lump Sum / I.B.I: ( )