15/5/2010

INS. CASE OWNER: Lionel Tan | CC4/FWD19013844/Kpa3 | LKK: IDAC:

ASSIGNMENT

Surveyor: KENNETH DOI: 14/08/2019 Date / Time : 06/08/2019

Registered in Merimen: 07/08/2019

Pre-assign / CCU / FTE

Insured Vehicle No. : SLE 2593Z

Name of Insured : LIM JOON YONG EDDIE

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 31/07/2019 12:35

Is driver the owner? (YES / NO)

If **NO**, Driver Name / Age :

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

Claim No. : 1201900022327

Policy No. : PNPV2018-00008963-01

Make / Model : TOYOTA WISH 1.8

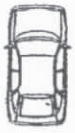
Place of Accident : THONG SOON GREEN

Nature of Accident :

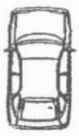
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

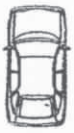
SLV 7928U → _____ → _____ → _____



INSRS:
WSP: Heng Yap Seng
Tel : Auto Services
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SLV 7928U - X SLE 2593Z - X	

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:	S$ (days)	Reduction: %	Email ☐ Call ☐
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$		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:	

22/05/2020

ASS. REC. BY: | REF: CS / FWD19013844/K 13 Special Instruction:

Surveyor: Kenneth

ASSIGNMENT (Office)

From (Person): Venessa Chen of FWD Date/Time: 6/8/19 @ 1:35pm

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SLV 7928U Insured: SLE 25932

at Workshop m/s Heng Yap Seng Tel: 9183 3008

of Blk 160 Sin Ming Drive #08-13

Policy No: Claim No: 120190000022327/LT

Sum Insured: Excess:

Make of Veh: D.O.A. 31/7/19

(Client's Record)

CA / REV / REP. / REV 24 HRS (up) H.O.D. Endorsement:

Date/Time: 9:40am @ 7/8/19 Person Contacted: Mr. Chong Vehicle IN / OUT

Date/Time	Action/Instruction Estimate ✓
	SLV 7928U-X
	SLE 25932-X
	LL Sm @ 1450hr

14/2/20 @ 1008am Mr Chong said want to do direct settlement

ASS. REC. BY: Kenneth | REF: PWD /

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Heng Yap Seng

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: _____ days Res.: Yes or No

Lum Sum: 1-B1 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SLV7928U Yr Regn: 01, 18

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

Make: Mazda 2 c.c 1496

Colour M.P. White A/C: Insured / Std / NI / NA

Sp.Reading 28120 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: MM6DL2SAAJW358846

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modl : Nil / S/Rim / STD A/Rim or _____

Tyre Size: F: 185/65R15

R: _____

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

Front		Rear	
R/Bal.	8 mm	R/Bal.	8 mm
L/Bal.	8 mm	L/Bal.	8 mm
D.O.A.	31/7/19	D.O.I.	16/8/19

Survey held at _____

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

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

Date / Time	Action / Instruction
/	File pass to EM not ready

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Prell. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

Report Format :

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

Survey Fee: _____

Transportation: _____ $ + RS. _____ SI

Photos _____

Others _____

TOTAL _____

HENG YAP SENG AUTO SERVICES

Blk 160, Sin Ming Drive, #08-13 Sin Ming AutoCity, Singapore 575722
Hp : 9183 3008 Fax : 6873 2017

Not Authorised
Running Repairs
3-4 days

Vehicle No : SLV7928U
Vehicle Model : Mazda 2

Estimate Repair Cost

Parts List Items

No.	Qty		
1	1	Front bumper	$ 894.00
2	2	Front bumper retainers	$ 60.00
3	2	Front bumper brackets	$ 46.00
4	1 set	Front bumper clips	$ 40.00
5	1	Front fender LH	$ 380.10
6	1	Front fender inner shield LH	$ 100.10
7	1	Head lamp LH	$ 678.00
8	1	Front support panel	$ 414.00
		Total	$ 2,612.20

Parts Special Nett Items

9	1	Front number plate	$ 60.00
			$ 60.00
		Total Parts	$ 2,672.20

LKK Auto Consultants hence notify the Repairer of the following:
- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer
Signature:
Date:

Labour

1	Labour charge to remove, cut out damage portion, jack out, straighten, panel beating, welding, align and renew replaced parts.	$	800.00
2	To putty and respray painting on affected areas.	$	700.00
3	To remove, replace front fender fittings to facilitate repair.	$	300.00
4	To remove, replace front tyre and wheel rim.	$	150.00
5	To check wiring and lightings.	$	80.00
	Total Labour	$	2,030.00
	Total Parts and Labour	$	4,702.20