15/5/2010

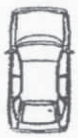
INS. CASE OWNER: CLARA LI | CC4/FWD19014884/Epa3 | LKK: IDAC:

ASSIGNMENT

Surveyor: STEVE DOI: 27/08/2019 Date / Time : 22/08/2019

Registered in Merimen: 23/08/2019

Pre-assign / CCU / FTE



Insured Vehicle No. : SGR 282A Claim No. : 1201900024759

Name of Insured : LEONG THENG WEI Policy No. : PNPV2019-00000199

Insured Tel No. : HP: +65-91092328 Make / Model : MERCEDES-BENZ GLA180-1.6 (A)

Excess Sec II :S$ D.O.A : 18/08/2019 12:00 Place of Accident : 37 PUNGGOL FIELD CARPARK

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**

SMK 8976U → _____ → _____ → _____

INSRS:
WSP: O.S.K AUTO
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SGR 282A - CC6/AXA13021460/M1ry3q2; DOA:11/11/13
	SMK 8976U - 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:	

ASS. REC. BY: | REF: CS/FWD1904884/E d3 | Special Instruction:

Surveyor: Steve

ASSIGNMENT (Office)

From (Person): Vanessa Chan of FWD Date/Time: 22/8/19@

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SMK 8976H Insured: SGR 282A

at Workshop m/s O.S.K Auto Spare Tel: 9100 4390

of Blk 10 AMK Ind. Park 2A #04-09

Policy No: Claim No: 1201900024759

Sum Insured: Excess:

Make of Veh: (Client's Record) D.O.A 17/08/2019

H.O.D. Endorsement:

CA / REV / REP. / REV 24 HRS

Date/Time: 12.01pm@ 23/8/19 Person Contacted: Susan Vehicle IN / OUT

Date/Time	Action/Instruction
	Informed (✗)✓
	SMK 8976H - ✗
	SGR 282A - ✗
28/8/19 @	1.43pm checked with Susan, she agreed to do 'DS' as they no engaged cars

ASS. REC. BY: 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: days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SMK 8976U Yr Regn: /

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

Make: Volvo V60 c.c

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

Sp.Reading 107869 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: YV1FW48H8D1044 83

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: 235/40R18

R: "

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Firem29

Front		Rear	
R/Bal.	5 mm	R/Bal.	5 mm
L/Bal.	5 mm	L/Bal.	5 mm
D.O.A.		D.O.I.	27/8/19

Survey held at O.S.K Auto

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
	* GIA Report

Date/Time, File Pass to?

1) ☐ : Preli. Report ☐ : Final Report

Date/Time, File Return to?

2)

Report Forms :

Lump Sum / U.P.I: (S

Days Of Repair:

Resurvey No. of Trip:

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

Survey Fee:	
Transportation:	
S + RS. SI	
Photos	
Others	
TOTAL	