15/5/2010

INS. CASE OWNER: CC4/FWD19017149/T1ga3

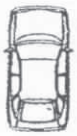
LKK:
IDAC:

ASSIGNMENT

Surveyor: TAUFIKH DOI: 30/09/2019 Date / Time : 27/09/2019

Registered in Merimen: 30/09/2019

Pre-assign / CCU / FTE



Insured Vehicle No. : SGT 7492D Claim No. : 1201900028820

Name of Insured : WONG CHOON PIN TONY Policy No. : PNPV2017-00003036-02

Insured Tel No. : HP: +65-91866046 Make / Model : SUZUKI SWIFT 1.6 MT

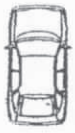
Excess Sec II :S$ D.O.A :25/09/2019 22:00 Place of Accident : BEFORE SINGAPORE CUSTOM

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

If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

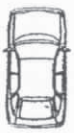
Driver Tel No. : (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

SGS 6230E → _____ → _____ → _____



INSRS:
WSP:
Tel : AMA AUTOMOTIVE
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SGS 6230E - X SGT 7492D - 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:
Repair Cost: L/S	S$ 1200.00 (2 days) Reduction: 6174.90	% 83
FINAL SETTLEMENT	Date/Time: 23/10/2020	Confirm with victor
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 27
Repair Cost:	S$ 1200.00	
Loss of Rental (LOR):	S$ (days)	
Loss of Use (LOU):	S$ 320.00 ($ 80 x 4 days)	
Loss of Income (LOI):	S$ ($ x days)	
LOR only ☐ LOU only ☑ LOR + LOU ☐ LOR + LOI ☐		[**Tick only one**]
GIA/LTA Search	S$ 7.45	
Medical:	S$	
Disbursement:	S$	(e.g. Tow/ Independent)
Legal Cost	S$	
Total:	S$ 1527.45	**Global Sum S$:** 1500.00

Confirm by:
Email ☐ Call ☐
Email ☑ Call ☐
If NO or B 28, Ass. Lia :
1) Claim status: Normal/Reject/Private Settle
2) Report Format: TP
3) Survey fee: $500.00

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☑ Call ☐
Payee 1:	S$ 1500.00	Name 1:	AMA AUTOCARE PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	

Surveyor: Tan JW

REF: FWD

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
	X

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

Date: Person Contacted: Vehicle: IN / OUT

Veh No: SJS6230E Yr Regn: CoE 2027 March / 2007, March

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

Make: Toyota Camry c.c 2362.

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

Sp.Reading 207562 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: MR053BK4007008268

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: 215/60R17

R:

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.		D.O.I.	30/9/19 @ 24hr

Survey held at PMIA Toh Guan

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

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 ($) ☐ : Weekend ($)

Report Format :

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

Survey Fee:	
Transportation:	
___$ + RS___SI	
Photos	
Others	
TOTAL	