

INS. CASE OWNER:

TEO Kitty
6568804602

CC4/ASM19017915/Apa3

LKK:

IDAC:

141250

Surveyor:

APRMAN

DOI:

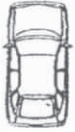
ASSIGNMENT

10/10/19

Date / Time : 09/10/2019

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : YN 6392J

Claim No. : S9M0236S

Name of Insured : SYSTEMATIC AIRCONDITIONING PTE LTD

Policy No. : P1509998

Insured Tel No. : HP:

Make / Model :

Excess Sec II :\$ 2,000.00 D.O.A : 5/10/19 09:15

Place of Accident : BUKIT TIMAH EXPRESSWAY // PIE

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

If NO, Driver Name / Age :

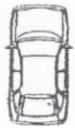
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. :

(V/L: YES / NO)

Insured Liability : % Final ? Yes / No

JRQ 3816

INSRS:
WSP: JEC
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	JRQ 3816 - X	Non-Reporting ltr (1st):	
	YN 6392J - NA/RSI14023824/r3; DOAI 23/12/14	Non-Reporting ltr (2nd):	
	10/10/19 - file pass to Snti Plup.	Non-Reporting ltr (Final):	
	* Total loss \$.	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:

Asm (AAA)

ASSIGNMENT

From:

Date:

10.10.2019

Estimated Cost:

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

To Inspect Vehicle No: JRQ 3816

at Workshop m/s JEC

of 1 Kaki Bukit Ave 6 #02-11

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 Report: 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:

JRQ 3816.

Yr Regn:

2016 July.

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

Truck / Trailer or

Make:

Yamaha.

C.C. 150

Colour

Red.

A/C: Insured / Std / NI / NA

Sp. Reading

-

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

PMYU6051060028718

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:

80/90 R17.

R:

90/90 R17.

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal.

06

mm

R/Bal.

06

mm

L/Bal.

mm

L/Bal.

mm

D.O.A.

D.O.I.

10/10/19.

Survey held at

JEC

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

TP AXA Total Loss.

LOD card (pending) Requested from workshop.

Date/Time, File Pass to?

☐

Preli. Report

1)

☐

Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$

Rep. Format:

Lump Sum / E.B. / C.