15/9/2010

INS. CASE OWNER:

CC4 /LPC1901 8672, R/b63/12

LKK:
IDAC:

ASSIGNMENT

Surveyor: KASUL   DOI: 22/10/19   Date / Time : 22/10/19.
Registered in Merimen: —

Pre-assign / CCU / FTE

Insured Vehicle No. : SJF 3505R		Claim No. : 19/CA/1A/VP05/07587	
Name of Insured : THONG HOW TEE UNDERGO		Policy No. : 31AVP150773767	
Insured Tel No. :	HP:	Make / Model : SUZUKI	
Excess Sec II :S$	D.O.A : 21/10/19	Place of Accident : HOUGANG AVE 6	

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

If NO, Driver Name / Age : THONG WAY UNG @ THAW BEE   OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

SLZ 8561R → → →

INSRS: WSP: Borneo Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time		STAGE	DATE / PIC
	SLZ8561R - X SJF3505R - X	Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
23/10/19	- FILE RECEIVED. OID REAR-ENDED TP.	Call OI:	
		After call ltr to OI:	
	- EMAIL LIABILITY CLEAR		
	- FINALISED		
17/01/2020	- TYPE REPORT WHILE PENDING TP LOD		
	- REPORT DONE		
3/7/20.	pay sgnd DV.		
27/7/2020.	settled & closed.		

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: 23/10/19   Sent By: VS

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: P/P	S$ 6,698.00 (5 days) Reduction: 05.86 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 22/07/2020 Confirm with ASHLYN		Email ✓ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27		If NO or B 28, Ass. Lia :
Repair Cost: (w/gst)	S$ 7,166.86		(OID REAR-ENDED TP)
Loss of Rental (LOR):	S$ — (days)		
Loss of Use (LOU):	S$ 450.00 ($ 50 x 9 days)		
Loss of Income (LOI):	S$ — ($ x days)		
LOR only ☐	LOU only ☑ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]		
GIA/LTA Search	S$ 2.00		1) Claim status: Normal/Reject/Private Settle
Medical:	S$ 1,438.08		2) Report Format: TP
Disbursement:	S$ — (e.g. Tow/ Independent)		3) Survey fee: $400.00
Legal Cost	S$		
Total:	S$ 9,056.94	Global Sum S$: —	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$ 9,056.94	Name 1:	BORNEO MOTOR(S) PTE LTD
Payee 2: (Strike if N.A.)	S$ —	Name 2:	—
Payee 3: (Strike if N.A.)	S$ —	Name 3:	—

ASS. REC. BY Jasme | REF: | h | 219H

ASSIGNMENT

From: ? Date:

Estimated Cost:

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

To Inspect Vehicle No: SLZ8561R

at Workshop m/s BORNEO MOTOR

of 2, PANDAN CRESCENT

Insured: LONPAC

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: 5 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: SLZ8561R Yr Regn: 2018 MAY

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

Make: TOYOTA CHR 1.2 T.A A cc 1197

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

Sp.Reading: 21508 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JTNKY3BXX01007010

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.	21/10/19		D.O.I.	22/10/19	

Survey held at BORNEO MOTOR

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
	P/L $6,698.00
	CRSD: $10,145.58 / 65.86%

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 ($)

Survey Fee:

Transportation: __$ + RS. __$

Photos

Others

TOTAL

Report Format:

Lump Sum / LBJ/G: