15/5/2010

INS. CASE OWNER:

CC4/LPC19019267/ha3

LKK:

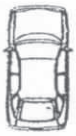
IDAC:

ASSIGNMENT

Surveyor: RAM DOI: 5/11/19 Date / Time : 29/10/2019

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : YP 5154B Claim No. : 18/19/19/VC05/022583

Name of Insured : PREMIUM-RICH ENGINEERING PTE LTD Policy No. : Z18VC05001203

Insured Tel No. : HP: Make / Model : HINO XZU710R 14FT WIDE CAB 7T

Excess Sec II :S$ D.O.A : 23/10/2019 18:20 Place of Accident : YCK RD X S'GOON GDN WAY

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

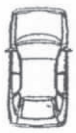
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

SBS 3462G → → →

INSRS:
WSP: LEXBUILD
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	YP 5154B - NA/LPC19004183/z4; DOA: 06.03.19
	SBS 3462G - X
	RNR.

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: LPC

ASSIGNMENT

From: Date: 5.11.2019

Estimated Cost:

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

To Inspect Vehicle No: SBS 3462G

at Workshop m/s Lexbuild

of Loyang

Insured: Yong Shun

Policy No. 9029 657x

Claims No.

Sum Insured: Excess:

(Client's Record)

Make of Veh: 10.am to 1pm only waiting

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S
XX	

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: SBS 3462G Yr Regn: 1/Sept/2015

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

Make: VOLVO B9TL c.c 9364

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

Sp.Reading 274280 T/Radio: Insured / Std / NI / NA

Eng/No: -

C/No: YV3SAP92XFA172924

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: 275/70R ~~22~~ 22.5

R: -

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

Front		Rear	
R/Bal.	4 mm	R/Bal.	4 / 4 mm
L/Bal.	4 mm	L/Bal.	4 / 4 mm
D.O.A.	23/10/19	D.O.I.	5/11/19

Survey held at Go ahead

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

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

Date / Time	Action / Instruction
	Part by Part : $880/=
	repair days : 2 days
	comfirm with yong shon
	on 5/11/19
	900C

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 ($) ☐ : Weekend ($)

Rep Format :

Lump Sum / E.P. : ( )

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