

INS. CASE OWNER: **MingYao.Lee**

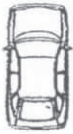
CC4/AIG19019373/Aka3

LKK:

IDAC:

Surveyor: **ADRIAN** DOI: **30/10/2019**Date / Time : **30.10.19**Registered in Merimen: **03.11.19**

Pre-assign / CCU / FTE

Insured Vehicle No. : **SMG 7326Z**Claim No. : **1444098623SG**Name of Insured : **LOW EE LIN**Policy No. : **1900012594**Insured Tel No. : **HP: +65-98192856**Make / Model : **MAZDA 3-1.5 HATCHBACK STANDARD**Excess Sec II :S\$ **D.O.A : 27/10/2019 18:50**Place of Accident : **ALONG TAMPINES AVENUE 11**

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

GBG 5666KINSRS:
WSP: **ACE**
Tel: **AUTOLUTION**
Liability :
RMKS:INSRS:
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Liability :
RMKS:

Date/ Time	SMG 7326Z - X	GBG 5666K- 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
			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\$			
Disbursement:	S\$	(e.g. Tow/ Independent)	1) Claim status: Normal/Reject/Private Settle	
Legal Cost	S\$	2) Report Format:		
Total:	S\$	Global Sum S\$:	3) Survey fee:	
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:		

19383/AC

ASSIGNMENT

Veh No: 6895666K. Yr Regn: 2017 / August.

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

Truck / Trailer or

Make: Suzuki Every G.C 658

Colour white. / A/C: Insured / Std / NI / NA

Sp. Reading 53177 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: DA17V2>1883.

Gen. Cond Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil S/Rim / STD A/Rim or

Tyre Size: F: 155 R12c

R: 155 R12C

N/S	O/S

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

TOYO / YOKO or

Front

Rear

R/Bal. 06 mm R/Bal. 06 mm

L/Bal. 06 mm L/Bal. 06 mm

D.O.A. _____ D.O.I. 30/10/19

Survey held at Ace Automobiles.

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

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

TPALG

mv :

PV :

Nett.

☐: Prelim. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee: : Site Insp (\$

☐ Interview (\$

Tech. Invs (\$)

	Weekend (\$)
1	10
2	15
3	20
4	25
5	30
6	35
7	40
8	45
9	50
10	55
11	60
12	65
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152	765
153	770
154	775
155	780
156	785
157	790
158	795
159	800
160	805
161	810
162	815
163	820
164	825
165	830
166	835
167	840
168	

Survey Fee:

Transportation:

$$S + RS \rightarrow 2R$$

Photos

Y. Chivers