

15/5/2010

INS. CASE OWNER:

Lionel Tan

CC4/FWD19019653/Kpa3

LKK:

IDAC:

Surveyor:

KENNETH

DOI:

ASSIGNMENT

Date / Time : 05.11.2019

Registered in Merimen: 06.11.2019

Pre-assign / CCU / FTE



Insured Vehicle No. : SLJ 5990P

Claim No. : 1201900033956

Name of Insured : LING BOH NONG

Policy No. : PNPV2019-00010033

Insured Tel No. : HP: 65-90213623

Make / Model : TOYOTA COROLLA ALTIS

Excess Sec II :S\$ D.O.A : 05/11/2019 11:15

Place of Accident : WEST COAST HIGHWAY

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

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

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

Insured Liability : % Final ? Yes / No

SLE 7648S

INSRS:
WSP: LEONG AUTOTel :
Liability :
RMKS:INSRS:
WSP:Tel :
Liability :
RMKS:INSRS:
WSP:Tel :
Liability :
RMKS:INSRS:
WSP:Tel :
Liability :
RMKS:

Date/ Time	SLJ5990P - x	SLE 7648S -x	STAGE	DATE / PIC
			Non-Reporting ltr (1st):	
			Non-Reporting ltr (2nd):	
			Non-Reporting ltr (Final):	
			Notification ltr (if non-pickup):	
11/05/2020	Pls refer to Views for details.		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:	☐
PRELIMINARY ADVICE Date/Time:			Sent By:	
FINALIZATION Date/Time:			Confirm with:	
Repair Cost: L/sum	S\$ 5,000.00	(5 days) Reduction: 68 %	Email ☐ Call ☐	
FINAL SETTLEMENT Date/Time: 11/05/2020 Confirm with Cady			Email ☒ Call ☐	
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :	
Repair Cost: w/GST	S\$ 5,350.00			
Loss of Rental (LOR):	S\$ 720.00	(6 days) x \$120.00		
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\$ 7.45			
Medical:	S\$		1) Claim status: Normal/ Revised	
Disbursement:	S\$	(e.g. Tow/ Independent)	2) Report Format: TP	
Legal Cost	S\$		3) Survey fee: \$500.00	
Total:	S\$ 6,077.45	Global Sum S\$:		
FINAL PAYMENT Date/Time:			Confirm with:	
Payee 1:	S\$ 6,077.45	Name 1: Leong Auto Pte Ltd	Email ☒ Call ☐	
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		

ASS. REC. BY:

REF: III

ASSIGNMENT

From:

Date:

6.11.2019

Estimated Cost:

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

To Inspect Vehicle No:

SLE 76485

at Workshop m/s

Long Auto

of

160 sin ming Drive #02-13

Insured:

Policy No.

Claims No.

Sum Insured:

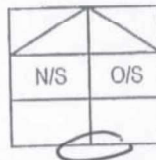
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Bal. or Market Value:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

days

Res.: Yes or No

Lum Sum:

20

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

up

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SLE 76485

Yr Regn:

/

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

Truck / Trailer or

Make:

M. C. 180

C.C.

Colour

M. Silver

A/C: Insured / Std / NI / NA

Sp. Reading

139955

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

W002040492A381119

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:

R:

225/40R18

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

TOYO / YOKO or

Campanella

Front

Rear

R/Bal.

7

mm

R/Bal.

6

mm

L/Bal.

7

mm

L/Bal.

6

mm

D.O.A.

5/11/19

D.O.I.

6/11/19

Survey held at

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

GIA not ready

Date/Time, File Pass to?



: Preli. Report

1)

Date/Time, File Return to?



: Final Report

2)

Report Format:

Lump Sum / L.B. / C.

Days Of Repair:

Resurvey No. of Trip:

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech. Insp (\$



: Weekend (\$

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL