15/5/2010

INS. CASE OWNER: CC6/LPC19020657/Ara3q2

LKK:

IDAC:

ASSIGNMENT

Surveyor: ADRIAN DOI: 20/11/2019 Date / Time : 20/11/2019

Registered in Merimen: —

Pre-assign / CCU / FTE

Insured Vehicle No. : SJP 5974D Claim No. : 19/19/19/VP05/022602

Name of Insured : GOH XIN PEI @ WU XIN PEI Policy No. : Z19VP05022892

Insured Tel No. : HP: Make / Model : TOYOTA ALTIS

Excess Sec II :S$ D.O.A : 02/11/2019 10:20 Place of Accident : HAIG RD BESIDE UNIT 103 THE SERENNO

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

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

Driver Tel No. : +65-91835075 (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

SLV 1508M → → →

INSRS:
WSP: MG
Tel : SOLUTION
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SLV 1508M } - NA/FWD19013856/r3, DOA: 07.08.19
	SJP 5974D } NA/FWD19019453/h4; DOA: 02.11.19

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: L/SUM S$ 3,200.00 (4 days) Reduction: 44 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 04.12.2020 Confirm with MS WONG Email ☑ Call ☐

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : NA If NO or B 28, Ass. Lia : 100

Repair Cost: w/GST S$ 3,424.00

Loss of Rental (LOR): S$ (days)

Loss of Use (LOU): S$ 400.00 ($ 100 x 4 days)

Loss of Income (LOI): S$ ($ x days)

LOR only ☐ LOU only ☑ LOR + LOU ☐ LOR + LOI ☐ **[Tick only one]**

GIA/LTA Search S$ 29.00

Medical: S$ 1) Claim status: Normal/~~Reject/Private Settle~~

Disbursement: S$ (e.g. Tow/ Independent) 2) Report Format: TP

Legal Cost S$ 3) Survey fee: 400.00

Total: S$ 3,853.00 **Global Sum S$:**

FINAL PAYMENT Date/Time: Confirm with: Email ☐ Call ☐

Payee 1:	S$ 3,853.00	Name 1:	MG SOLUTION PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	

ASS. REC. BY:

REF: Jobs7/Ad.

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

of

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 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: SLV1508M. Yr Regn: 2017 / Dec

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

Truck / Trailer or

Make: Toyota CHR. Hybrid c.c. 1797

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

Sp.Reading 158456. T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: ZYX10204174?.

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: 215/60R17.

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.	20/11/19.

Survey held at MG Solution.

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

Front O/S.

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

Date / Time	Action / Instruction
	TP LonPac.
	MV :
	PV :
	Nett :

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 ($)

Report Format :

Lump Sum / I.B.I: ($)

Survey Fee:	
Transportation:	
___$ ÷ RS.___SI	
Photos	
Others	
TOTAL	