15/5/2010

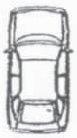
INS. CASE OWNER: JIMMY FOO | CC6/AIG19021121/Uka3 | LKK: IDAC:

ASSIGNMENT

Surveyor: MARCUS DOI: 29.11.2019 Date / Time : 29.11.2019

Registered in Merimen: 29.11.2019

Pre-assign / CCU / FTE



Insured Vehicle No. : GBJ 9064E Claim No. : 6373434102SG

Name of Insured : AURENTAL PTE LTD Policy No. : 0999994112

Insured Tel No. : HP: Make / Model : TOYOTA DYNA-3.0 D (M)

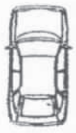
Excess Sec II :S$ D.O.A : 29/11/2019 Place of Accident : ALONG AYE TWDS JURONG TOWN HALL

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

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

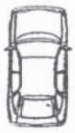
Driver Tel No. : +65-94496355 (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

SLT 8536X → → →



INSRS:
WSP: FASTECH
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SLT 8536S - X GBJ 9064E - X	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/S	S$ 7,150.00 (5 days)	Reduction: 22,028.10/75 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 8/12/2020	Confirm with JASON	Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost: (W/GST)	S$ 7,650.50		
Loss of Rental (LOR):	S$ 400.00 (4 days)	X $100	
Loss of Use (LOU):	S$ ($ 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/Reject/Private Settle
Disbursement:	S$	(e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost	S$		3) Survey fee: $320
Total:	S$ 8,057.95	**Global Sum S$:**	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐

Payee 1:	S$ 8,057.95	Name 1:	FASTECH AUTO PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	

(08/11/13) wef

ASS. REC. BY: Marcus

REF: A16/ 7171/Mk

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No: SLT 8436X

at Workshop m/s Ly.

of

Insured: GBJ9064E

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: 70k.

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 2967

Vehicle: **IN / OUT**

Date: Person Contacted:

Veh No: SLT 8436X Yr Regn: 11/17

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

Make: Toyota Sienta c.c 1496

Colour orenge A/C: **Insured / Std / NI / NA**

Sp.Reading 20479 T/Radio: **Insured / Std / NI / NA**

Eng/No:

C/No: MHFZ28H33000 4473

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: 185/60R15

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.	29/11/19	D.O.I.	29/11/19

Survey held at

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
	FYA 46046

Date/Time, File **Pass** to?

1)

Date/Time, File **Return** to?

2)

☐ : **Preli. Report**

☐ : **Final Report**

Report Format :

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

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Invs ($)

☐ : Weekend ($)

Survey Fee:	
Transportation:	
___S + RS, ___SI	
Photos	
Others	
TOTAL	