15/5/2010

INS. CASE OWNER: CC4/III19021170/Dga3

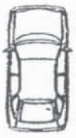
LKK:
IDAC:

ASSIGNMENT

Surveyor: ABT DOI: 29/11/2019 Date / Time : 27.11.2019

Registered in Merimen: 01.12.2019

Pre-assign / CCU / FTE



Insured Vehicle No. : GBH 2328B

Name of Insured : PAN PACIFIC VAN & TRUCK LEASING PTE LTD

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 24.11.2019

Is driver the owner? (YES / NO)

If **NO**, Driver Name / Age : ZULKEFLEE BIN MUSA

Driver Tel No. : +65-96172530 (V/L: YES / NO)

Claim No. : MFL2019D0001494

Policy No. : D19MFL0005549

Make / Model : SUZUKI EVERY-658CC GA (A)

Place of Accident : AT TAMPINES AVE 12 FROM PIE

Nature of Accident :

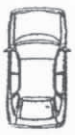
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % **Final ? Yes / No**

FBE 3129T → _____ → _____ → _____

INSRS:
WSP: SG MOTOR
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	FBE 3129T - X GBH 2328B - 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:	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:

CJE 2020 Feb.

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.

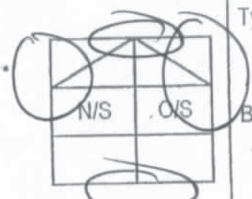
Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Bal. or Market Value:

IDAC Accident Rport: Consistent? : **Yes or No**

GIA / PR Seen: Consistent? : **Yes or No**

Est. Repairs: 4 days Res.: **Yes or No**

Lum Sum: 20 % 3 Val.: **Yes or No**

CA / REV / REP. / 24 HRS

Vehicle: **IN / OUT**

Date: Person Contacted:

Veh No: FBE 3129 T Yr Regn: 2010, Feb

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

Make: Piaggio Gilera Runner c.c 198

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

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

Eng/No: M464M0006866

C/No: ZAPM46401000003558

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: 120/70 R 14

R: 140/60 R 13

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

Front		Rear	
R/Bal.	3 mm	R/Bal.	3 mm
L/Bal.	mm	L/Bal.	mm

D.O.A. 24/11/2019 D.O.I. 29/11/2019

Survey held at: SG 98 Motor AMK

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

Front of Rear of O/S Portion of N/S Portion

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

Date / Time	Action / Instruction
	TP GBH 2328B Bike had 2 riders at time of loss.
02/12/2019	Repair limit 500.00 with Rose

Date/Time, File Pass to? : **Preli. Report**

1) : **Final Report**

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Add Fee: : Site Insp ($)

: Interview ($)

: Tech. Invs ($)

: Weekend ($)

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL

Rep[illegible] Format :

Lump Sum / I.B.I: ( )