CC4/FCI19021541/Hbb3s2 ~~H~~

15/5/2010

~~CC 4/FCI190 21541 / H b3~~

INS. CASE OWNER:

LKK:

IDAC:

ASSIGNMENT

Surveyor: H.A

DOI: 6/12/19.

Date / Time : 5/12/19

Registered in Merimen: ✓

Pre-assign / CCU / FTE

Insured Vehicle No. : SHD 6798B.

Claim No. : D P 9 A U U 7 6 U 5 W F S H

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :S$

D.O.A : 28/11/19.

Place of Accident :

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

SMP 3711Z →

INSRS: WSP: RICO Tel : Liability : 60 RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	SMP 3711Z — ? SHD 6798B — ?
	SETTLED AND CLOSED

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/S S$ 6,650.00 (8 days) Reduction: 10.04 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 21/05/2020 Confirm with YVONNE TEOH Email ☒ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 21	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 7,115.50	
Loss of Rental (LOR):	S$ 1,600.00 (10 days) X $160.00	OID lost control and hit 2 parked vehicles
Loss of Use (LOU):	S$ ($ x days)	
Loss of Income (LOI):	S$ ($ x days)	
LOR only ☒ LOU only ☐ LOR + LOU ☐ LOR + LO ☐ **[Tick only one]**		
GIA/LTA Search	S$ 36.45	
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: $600.00
Total:	**S$** 8,751.95 **Global Sum S$:** 8,750.00	

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

Payee 1:	S$ 8,750.00	Name 1:	RICO 60 AUTO SERVICES PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	

ASS. REC. BY: H-AIVN REF: FCL

ASSIGNMENT

From: Date: 6.12.2019

Estimated Cost:

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

To Inspect Vehicle No: SMP 3711Z

at Workshop m/s RICO 60 AUTO

of 8 Kaki Bukit Ave 4 #02-24

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
	X

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: SMP 3711Z Yr Regn: 26/08/2016

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

Make: JAGUAR XE-2.0 c.c 1999

Colour Green A/C: Insured / Std / NI / NA

Sp.Reading 018975/km T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: SAJAB4AG7HA954169

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: 225/50/R17

R: 225/50/R17

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

Front		Rear	
R/Bal.	5 mm Dunlop	R/Bal.	5 mm Dunlop
L/Bal.	5 mm	L/Bal.	5 mm
D.O.A.	28/11/19	D.O.I.	6/12/19

Survey held at Rico 60 Auto.

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
	* pending workup upto price Extinde * SMP 3711Z
	DO Limit
	MV Extinde
	MV - 99000
	PV - 70039
	NV - 78900

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.E.I: ( )

Survey Fee:	
Transportation:	S + RS. SI
Photos	
Others	
TOTAL	