15/5/2010

INS. CASE OWNER: CC 4/III190 22581, Hp63

LKK:

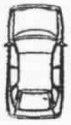
IDAC:

ASSIGNMENT

Surveyor: H.A DOI: 7/11/19 Date / Time : 7/11/19

Registered in Merimen: 7/11/19.

Pre-assign / CCU / FTE



Insured Vehicle No. : SHC 1427Z Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 17/11/19. Place of Accident :

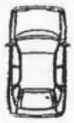
Is driver the owner? (YES / NO) Nature of Accident :

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

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

PBH 6667X → → →

INSRS:
WSP: Enrita
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	PBH 6667X → SHC 1427Z →

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:	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 + LO ☐ **[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: H. ANN | REF: III

ASSIGNMENT

From: | Date: 23/12/19

Estimated Cost:

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

To Inspect Vehicle No: FBH 6667X

at Workshop m/s Erofia Motor

of 1 kaki Bukit Ave 6 # 02-62 Autobay

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 (up)

Vehicle: **IN / OUT**

Date: | Person Contacted:

Veh No: FBH 6667X | Yr Regn: 12/04/2017

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

Make: YAMAHA YZF-R3 | c.c 321

Colour: Gray | A/C: **Insured / Std / NI / NA**

Sp.Reading: 35793km | T/Radio: **Insured / Std / NI / NA**

Eng/No:

C/No: MH3RH07100006599

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:** 110/70/17

R: 150/60/17

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

Front	METZELER	Rear	METZELER
R/Bal.	5 mm	R/Bal.	5 mm
L/Bal.	mm	L/Bal.	mm

D.O.A. 17/12/19 | D.O.I. 23/12/19

Survey held at: Erofia mo[illegible].

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
	* FBH 6667X
	DO [illegible]
	hv [illegible]
	* [illegible] NON [illegible]
	[illegible] not [illegible]
	mv - 11000
	pv - 4964
	NV - 6000

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 ($)

Report Format :

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

Survey Fee:	
Transportation:	
__S + RS.__SI	
Photos	
Others	
TOTAL	