Rev5/2010

INS. CASE OWNER: Lalitha Krishnan | CC6/III19022669/Upa3 | LKK: | IDAC:

ASSIGNMENT

Surveyor: MARCUS | DOI: 26/12/2016 | Date / Time : 26/12/2019

26/12/19

Registered in Merimen: 26/12/2019

Pre-assign / CCU / FTE

Insured Vehicle No. : GW 2966X | Claim No. :

Name of Insured : LIAN AIK LEASING PTE LTD | Policy No. :

Insured Tel No. : | HP: | Make / Model : MITSUBISHI CANTER-2.8 D FB511 (M)

Excess Sec II :S$ | D.O.A : 24/12/2019 | Place of Accident : BOON LAY WAY TO TOH TUCK AVE

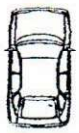
Is driver the owner? (YES / NO) | Nature of Accident :

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

Driver Tel No. : +65-97786243 (V/L: YES / NO) | Insured Liability : % **Final ? Yes / No**

SJN 3956E → → →

INSRS:
WSP: CHOO MOTOR
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

URGENT

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SJN 3956E - X GW 2966X - X
9/3/2020	– File - type mandate
7/4/2020	– DR ms

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: LS | S$ 3032.00 (4 days) Reduction: 73 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 7/4/2020 Confirm with JASON Email ☑ Call ☐

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

Repair Cost: S$ 3032.00

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$ 2.00

Medical: S$ –

Disbursement: S$ – (e.g. Tow/ Independent)

Legal Cost S$ –

1) Claim status: Normal/Reject/Private Settle 6

2) Report Format: 1

3) Survey fee: $50.00

Total: S$ 3452.00 **Global Sum S$:** 3450.00

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

Payee 1:	S$ 3450.00	Name 1:	Chw Motor Spray Painter
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: 117

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No: SJN3986E

at Workshop m/s Choonwo-

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: 30k.

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 LYA 13192

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SJN3986E Yr Regn: 2-09

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

Make: Honda Stream c.c 1799

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

Sp.Reading 207999 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JHMRN68809S201211

Gen. Cond: Good / Fair / Poor / Burnt

Steering: ~~Inorder / Jammed / Leaked / Burnt~~ or Fixed

Brake: Inorder / Jammed / Leaked / Burnt or

Modi : Nil / S/Rim / STD A/Rim or

Tyre Size: F: 215/50ZR17

R:

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

	Front		Rear	
R/Bal.	6	mm	6	mm
L/Bal.	6	mm	6	mm

D.O.A. 24/12/19 D.O.I. 26/12/19

Survey held at

Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or N/S L4 &

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

Date / Time Action / Instruction 4yrs Insh.

headlamp sticker have video.

8/1/20 L/S $3050 confirmed with Ah.

(Recd $8111.30/7374)

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

1) [ ] : Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee: [ ] : Site Insp ($) __S + RS,__SI

[ ] : Interview ($) Photos

[ ] : Tech. Invs ($) Others

[ ] : Weekend ($)

TOTAL

Report Format :

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