INS. CASE OWNER: Lionel Tan

## CC4/FWD20000073/Apa3

LKK: IDAC:

ASSIGNMENT

Surveyor:	ADRIAN

ADRIAN DOI: 31/12/2019

Date / Time : 31/12/2019

Registered in Merimen: 02/01/2020

PNPV2019-00005983

## Pre-assign / CCU / FTE

Name of Insured

Insured Tel No.

Excess Sec II:S\$

Insured Vehicle No. : SLZ 2372J

LO KHEE TAN MARK

нР: 96238976

Nature of Accident :

D.O.A:

Policy No.

Make / Model : Place of Accident :

Claim No.

Is driver the owner? (YES / NO)

If NO, Driver Name / Age : LO WING FAI Driver Tel No. : 96300183

(V/L: YES / NO)

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

Insured Liability: % Final? Yes / No

## SMM 3868X



INSRS: WSP: N-51 Tel: Liability:



INSRS: WSP: Tel: Liability: RMKS:



INSRS: WSP: Tel: Liability: RMKS:



INSRS: WSP: Tel: Liability: RMKS: ×

	SMM 3868X NA/MSG19022964/r3;	DOA: 30 12 19	STAGE	DAT	E/PIC
	SLZ 2372J NA/WSG 19022904/13,	DOA. 30. 12. 13	Non-Reporting ltr (1st):		
			Non-Reporting ltr (2nd):		
			Non-Reporting ltr (Final): Notification ltr (if non-pickup):		
40/44/0000	Pls refer to Views for details.		Call OI:		
16/11/2020	Pis refer to views for details.	After call ltr to OI:			
	*OLND till dete		Documentation Check List: Ha	ndler	Typist
	*OI NR till date.	! 4 4!	Notification ltr (if non-pickup)		
	*Submit WP report to FWD as pe	er instruction.	After call ltr to OI:		
			Authorisation To Act:		
			Release Voucher:		
			Final Repair Bill:		
			Car Rental Invoice:		
			Towing Invoice		
			LTA / GIA :		
			Medical Bill:		
			PIR:		
			1.000		
			Mandate/Reject Instruction:	-	
			LOD	_	-
DEL DANIA DEL ADUICO	D - F		Payment Breakdown Form:		
RELIMINARY ADVICE	Date/Time: Sent By:				
KLEENINGKI ADVICE	Delli Dy.		Post-Repair Photos:		
			Others:		
INALIZATION	Date/Time: Confirm with:		Others: Confirm by:		
TINALIZATION tepair Cost: L/sum	Date/Time: Confirm with: S\$ 4,400.00 ( 6 days) Reduction: 5	6 %	Others: Confirm by: Email	Call [	
TINALIZATION Repair Cost: L/Sum TINAL SETTLEMENT	Date/Time:         Confirm with:           S\$ 4,400.00 ( 6 days) Reduction:         5           Date/Time:         Confirm with		Others:  Confirm by:  Email Cal	Call	
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EPAIR COST: L/SUM ELPAIR COST: L/SUM ELPAIR COST: ELPAIR	Date/Time:   Confirm with:		Others:  Confirm by:  Email Cal	Call	
EINALIZATION Repair Cost: L/SUM EINAL SETTLEMENT Final Liability: Repair Cost: Loss of Rental (LOR): Loss of Use (LOU): Loss of Income (LOI):	Date/Time:         Confirm with:           S\$ 4,400.00 (6 days) Reduction:         5           Date/Time:         Confirm with           %         (Agreed / Assessed) BOLA S/N No.           S\$         ( days)           S\$ (\$ x days)           S\$ (\$ x days)		Others:  Confirm by:  Email Cal	Call	
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NEP	100				
753 W50, BY	os to (Wh.				
ASSI	NMENT				
From Date	Veh No: SMM3868X YREGIT 2019 June				
Estimated Cost:	Type M.Ca / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /				
OD / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or				
	Make: Suzuki SX 4. 00 998				
To Inspect Vehicle No:	Colour Blue . A/C: Insured / Std / NI / NA				
at Workshop m/s	Sp.Reading 7671 T/Radio: Insured / Std / NI / NA				
of	Sp.//eading				
Insured	Eng/No: 75mJYA02500675136.				
Policy No.					
Claims No.	Gen. Cond Good Fair / Poor / Burnt				
Sum Insured: Excess:	Steering: Inorde / Jammed / Leaked / Burnt or				
(Client's Record)	Brake: Iporder / Jammed / Leaked / Burnt or				
Make of Veh:	Modi: Nil / SRin / A/Rim or				
	Tyre Size: F: 215 55R17-				
(Policy Condition)	R: 215/55R17.				
Remark: The veh had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /				
repair at the time of inspection.	TOYO / YOKO or CON				
Bal. or Market Value:	<u>Front</u> <u>Rear</u>				
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 06 mm R/Bal. 06 mm				
GIA / PR Seen: Consistent? : Yes or No	L/Bal. 06 mm L/Bal. 06 mm				
Est. Repairs: 06 days Res.: Yes or No	D.O.A. D.O.I. 3/12/19.				
Lum Sum: 20 % 3 Val.: Yes or No	Survey held at N51				
CA I DEV I DED I 24 UDG	Des. of Damages : Frt / Rear / O/S / N/S Y U/C / Rooftop or				
Vehicle: IN / OUT					
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.				
Date / Time Action / Instruction	,				
TP FWI)					
L/sum \$4,400.00 (Red \$5,5	515.88 // 56%)				
mv: PV:					
Nett.					
/IEU ·					
Date/Time, File Pass to? Prell. Report	Days Of Repair:				
	Resurvey No. of Trip: Survey Fee:				
Date/Time, File Return to?	Transportation				
2) Add Fee					
	Interview (\$ polos				
Report Formst :	: Tech, invs (4 ) Other				
Lomp Sum ALB force : See Land Co.					