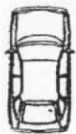


INS. CASE OWNER: **Lionel Tan****CC4/FWD20000073/Apa3**

LKK:

IDAC:

ASSIGNMENTSurveyor: **ADRIAN**DOI: **31/12/2019**Date / Time : **31/12/2019**Registered in Merimen: **02/01/2020****Pre-assign / CCU / FTE**Insured Vehicle No. : **SLZ 2372J**

Claim No. : _____

Name of Insured : **LO KHEE TAN MARK**Policy No. : **PNPV2019-00005983**Insured Tel No. : _____ HP: **96238976**

Make / Model : _____

Excess Sec II :S\$

D.O.A : _____

Place of Accident : _____

Is driver the owner? (YES / **NO**)

Nature of Accident : _____

If NO, Driver Name / Age : **LO WING FAI**

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

Driver Tel No. : **96300183**

(V/L: YES / NO)

Insured Liability : % **Final ? Yes / No****SMM 3868X**INSRS:
WSP: **N-51**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			STAGE	DATE / PIC
	SMM 3868X	NA/MSG19022964/r3; DOA: 30.12.19	Non-Reporting ltr (1st):	
	SLZ 2372J		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)	<input type="checkbox"/> <input type="checkbox"/>
			After call ltr to OI:	<input type="checkbox"/> <input type="checkbox"/>
			Authorisation To Act:	<input type="checkbox"/> <input type="checkbox"/>
			Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
			Final Repair Bill:	<input type="checkbox"/> <input type="checkbox"/>
			Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
			Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
			LTA / GIA :	<input type="checkbox"/> <input type="checkbox"/>
			Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
			PIR:	<input type="checkbox"/> <input type="checkbox"/>
			Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
			LOD	<input type="checkbox"/> <input type="checkbox"/>
			Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
			Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
			Others:	<input type="checkbox"/> <input type="checkbox"/>
PRELIMINARY ADVICE	Date/Time:	Sent By:		
FINALIZATION	Date/Time:	Confirm with:	Confirm by:	
Repair Cost: L/sum	S\$ 4,400.00	(6 days) Reduction: 56 %	Email <input type="checkbox"/> Call <input type="checkbox"/>	
FINAL SETTLEMENT	Date/Time:	Confirm with	Email <input type="checkbox"/> Call <input type="checkbox"/>	
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 <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/>	[Tick only one]			
GIA/LTA Search	S\$			
Medical:	S\$			
Disbursement:	S\$	(e.g. Tow/ Independent)	1) Claim status: Normal/Reject/Dispute Settle WP	
Legal Cost	S\$		2) Report Format: TP	
			3) Survey fee: \$250.00	
Total:	S\$	Global Sum S\$:		
FINAL PAYMENT	Date/Time:	Confirm with:	Email <input type="checkbox"/> Call <input type="checkbox"/>	
Payee 1:	S\$	Name 1:		
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		

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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.

N/S	O/S

Bal. or Market Value:			
IDAC Accident Rpt:		Consistent? :	Yes or No
GIA / PR Seen:		Consistent? :	Yes or No
Est. Repairs:	06	days	Res.: Yes or No
Lum Sum:	20	%	3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT _____

Veh No: SM3868X Yr Regn: 2019 June

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

Make: Suzuki Sx 4. C.C. 998

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

Sp. Reading: 7671 T/Radio: Insured / Std / NI / NA

Eng/No: TSMJYA02S00679136

C/No: TSMJYA02S00679136

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 215/55R17.
R: 215/55R17.

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

Front R/Bal. 06 mm
L/Bal. 06 mm
D.O.A. _____

Rear R/Bal. 06 mm
L/Bal. 06 mm
D.O.I. 31/12/19.

Survey held at NSI

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

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

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

Date / Time	Action / Instruction
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TP FWID

L/sum \$4,400.00 (Red \$5,515.88 // 56%)

mv :

PV :

Nett:

Date/Time, File Pass to?

☐: Prelim. Report

1)

☐: Final Report

Date/Time. File Return to?

Add Fee: ☐ : Site Insp (\$

g. ☐ Site Insp (\$

Interview 13

Tech. line 13

$$(\mathbf{M}(\mathbf{e}_i))_{i \in \mathbb{N}} \in \mathcal{C}(\mathbb{N}, \mathcal{C}(\mathbb{N}, \mathbb{R})) \quad (3)$$

Report Formist :

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation

1	$\bar{S} + RS$	SI
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