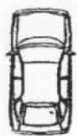


INS. CASE OWNER: **Lionel Tan****CC4/FWD20000073/Apa3**

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	
	SLZ 2372J		
		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)	<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"/>
16/11/2020	Pls refer to Views for details.		
	*OI NR till date.		
	*Submit WP report to FWD as per instruction.		
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)			
Legal Cost S\$ _____			
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: _____			

1) Claim status: **Normal/Reject/Dispute Settle** **WP**2) Report Format: **TP**3) Survey fee: **\$250.00**

REF

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: SMM3868X Yr Regn: 2019 June

Type: M.Car / 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: TSMJYA02500679136

C/No:

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

Front

R/Bal. 06 mm

L/Bal. 06 mm

D.O.A.

Rear

R/Bal. 06 mm

L/Bal. 06 mm

D.O.A. 31/12/19

Survey held at N51

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
-------------	----------------------

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 (\$

Days Of Repair:

Resurvey No. of Trip:

Report Formist :

☐ : Site Insp (\$

Interview 13

Tech. invs. (a)

12/1/2014 10:13:13

Survey Fee:

Transportation

1	$\frac{1}{2} + RS$	SI
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