

INS. CASE OWNER:

Josey Loh

CC4/FWD20000237/Apa3

LKK:

IDAC:

Surveyor:

ADRIAN

DOI:

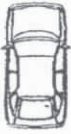
ASSIGNMENT

03/01/2020

Date / Time : 02/01/20200

Registered in Merimen: 06/01/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SLR 3223S

Name of Insured : ONG SU HONG. SHON

Insured Tel No. : HP: +65-85887841

Excess Sec II :S\$ D.O.A : 30.12.2019

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

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

Claim No. : 1201900042966

Policy No. : PNPV2019-00009362

Make / Model : VOLKSWAGEN SHARAN HIGHLINE

Place of Accident : JUNCTION OF SIMS WAY AND GEYLANG ROAD

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

Insured Liability : % Final ? Yes / No

SJG 8818A

INSRS:
WSP: MG SOLUTION
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
SJG 8818A - CS3/MSG18016750/Gvd3e2-1; DOA : 11.9.18	Non-Reporting ltr (1st):	
SLR 3223S - X	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:	☐
PRELIMINARY ADVICE Date/Time:	Sent By:	Post-Repair Photos: ☐
		Others: ☐
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 + LOI ☐	[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:

REF: FWD

ASSIGNMENT

From:

Date:

31/1/2020

Estimated Cost:

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

To Inspect Vehicle No:

SJG 8818A

at Workshop m/s

MG solution

of 23 kaki Bukit Avenue 4 # 02-03B

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: 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:

SJG 8818A.

Yr Regn: 2017 / Sept.

Type ☒ M.Cap / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

Audi A3.

c.c

999

Colour

Black.

A/C: Insured / Std / NI / NA

Sp. Reading

45838.

T/Radio: Insured / Std / NI / NA

Eng/No:

WAU2228V3J1009303

Gen. Cond: ☒ Good / Fair / Poor / BurntSteering: ☒ In order / Jammed / Leaked / Burnt orBrake: ☒ In order / Jammed / Leaked / Burnt orModi: Nil / ☒ S Rim / STD A/Rim or

Tyre Size:

F: 225/40R18.

R: 225/40R18.

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / ☒ PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal.

06

mm

R/Bal.

06

mm

L/Bal.

06

mm

L/Bal.

06.

mm

D.O.A.

D.O.I.

03/01/20

Survey held at

MG solution.

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

TP FWD.

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:

Photos

Others

TOTAL

Report Format:

Lump Sum / I.B.E. (\$)

Add Fee:

☐

: Site Insp (\$)

☐

: Interview (\$)

☐

: Tech. Invs (\$)

☐

: Weekend (\$)