15/5/2010

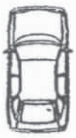
INS. CASE OWNER: JIMMY FOO | CC6/AIG20000917/Uda3 | LKK: IDAC:

ASSIGNMENT

Surveyor: MARCUS DOI: 15/01/2020 Date / Time : 15/01/2020

Registered in Merimen: 15/01/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SLE 414X Claim No. : 0417818672SG

Name of Insured : JIA BIN Policy No. : 2100469146

Insured Tel No. : HP: Make / Model : TOYOTA ALPHARD-2.5 (A)

Excess Sec II :S$ D.O.A : 09/01/2020 Place of Accident : ADAM FLYOVER TWDS FARRER ROAD

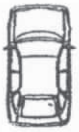
Is driver the owner? (YES / NO) Nature of Accident :

If **NO**, Driver Name / Age : LIEW TAT PING TERRY OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : +65-84843209 (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

GBH 7090C → → →

INSRS:
WSP: FASTECH
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	GBH 7090C - X
	SLE 414X - CC6/AIG19014956/Uea3; DOA: 24.8.19
	- NA/AIG19014946/h4; DOA: 24.8.19

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:	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:	

08/11/13 wef
ASS. REC. BY: Marcus

REF: A141 9/7/4d

ASSIGNMENT

From: Date:
Estimated Cost:
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
To Inspect Vehicle No: GBH 7090C
at Workshop m/s Rl.
of
Insured: SLE 4144
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: 52k.
IDAC Accident Rport: 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 05/W
Vehicle: IN / OUT
Date: Person Contacted:

Veh No: GBH 7090C Yr Regn: 8/18
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or (M)
Make: Toyota Dyna c.c 2982
Colour: Silver A/C: Insured / Std / NI / NA
Sp.Reading 32883 T/Radio: Insured / Std / NI / NA
Eng/No:
C/No: JTFAT354780K211096
Gen. Cond: Good / Fair / Poor / Burnt
Steering: Inorder / Jammed / Leaked / Burnt or
Brake: Inorder / Jammed / Leaked / Burnt or
Modi: Nil / S/Rim / STD A/Rim or
Tyre Size: F: 195-R15
R: 155 R12
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

Front		Rear	6/6
R/Bal.	6 mm	R/Bal.	6/6 mm
L/Bal.	6 mm	L/Bal.	6/6 mm
D.O.A.	9/1/20	D.O.I.	15/1/20

Survey held at

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Rear
The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction
LYA 22596

Date/Time. File Pass to? [ ] : Preli. Report
1) [ ] : Final Report
Date/Time. File Return to?
2)

Days Of Repair:
Resurvey No. of Trip:

Add Fee: [ ] : Site Insp ($) __S + RS.__SI
[ ] : Interview ($) Photos
[ ] : Tech. Invs ($) Others
[ ] : Weekend ($)

Survey Fee:
Transportation:
TOTAL

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