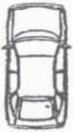| 15/5/2010 INS. CASE OWNER:	TEO Kitty 6568804602	CC4/ASM20001955/R1pa3	LKK: IDAC: 158959

ASSIGNMENT

Surveyor: RASUL DOI: 06/02/2020 Date / Time: 04/02/2020
Registered in Merimen: —

Pre-assign / CCU / FTE X

Insured Vehicle No. : SMD 6084T Claim No. : S0M02EKV
Name of Insured : CHEONG WEI YUEN Policy No. : VPA/P2170117
Insured Tel No. : 91834608 HP: +65-97517376 Make / Model : TOYOTA PRIUS PLUS-1.8 (A)
Excess Sec II :S$ D.O.A : 25/01/2020 11:40 Place of Accident : PIE (AFTER PAYA LEBAR EXIT ON THE FLYOVER)
Is driver the owner? (YES / NO) Nature of Accident :

If NO, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
Driver Tel No. : (V/L: YES / NO) Insured Liability : % Final ? Yes / No

SJE 7377Y → → →

INSRS: WSP: MTM Performance Auto Pte Ltd Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	SJE 7377Y - X	SMD 6084T - X	STAGE	DATE / PIC
			Non-Reporting ltr (1st):	
4/2/20 5:42 PM	Proceed DS, quantum to be agreed		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:

ASS. FEC. BY: _Rasul_   REF: _____   318F
                                                          COE XPIRY: 2028/may
ASSIGNMENT

From:	Date:	Veh No: __SJE 73774__ Yr Regn: __2008 may__

Estimated Cost: _____   Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

OD / TP / WS / TP RES / OD RES / EVA / INV / MV   Truck / Trailer or

To Inspect Vehicle No: __SJE 73774__   Make: __TOYOTA RUSH 15XA__ c.c __1495__

at Workshop m/s __MTM__   Colour __BLACK__   A/C: Insured / Std / NI / NA

of __42, TOH GUAN RD EAST #01-78__   Sp.Reading __205 484__   T/Radio: Insured / Std / NI / NA

Insured: __AXA__   Eng/No: _____

Policy No. _____   C/No: __J2008 6015538__ ·

Claims No. _____   Gen. Cond: Good / Fair / Poor / Burnt

Sum Insured: _____ Excess: _____   Steering: Inorder / Jammed / Leaked / Burnt or

(Client's Record)   Brake: Inorder / Jammed / Leaked / Burnt or

Make of Veh: _____   Modi : Nil / S/Rim / STD A/Rim or

          Tyre Size: F: __215/55R17__
(Policy Condition)   R: _____

Remark: The veh had commenced its   BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
   repair at the time of inspection.   TOYO / YOKO or   __KIN FOREST__

Bal. or Market Value: __40K__

	Front			Rear	
IDAC Accident Rport: _____ Consistent? : Yes or No	R/Bal.	6 mm		R/Bal.	6 mm
GIA / PR Seen: _____ Consistent? : Yes or No	L/Bal.	6 mm		L/Bal.	6 mm

Est. Repairs: _____ days   Res.: Yes or No   D.O.A. __25/01/2020__   D.O.I. __06/02/2020__

Lum Sum: _____ %   3 Val.: Yes or No   Survey held at __MTM__

CA / REV / REP. / 24 HRS   Des. of Damages : Frt / Rear / O/S / N/S / 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
	π 58.40
	? 231.60
	L - 1600

Date/Time, File Pass to?   ☐ : Preli. Report   Days Of Repair: _____

1) _____   ☐ : Final Report   Resurvey No. of Trip: _____   Survey Fee:

Date/Time, File Return to?   Transportation:

2) _____   Add Fee: ☐ : Site Insp ($)   S + RS   SI

Report Format :   ☐ : Interview ($)   Photos

Lump Sum / L.B.J :   ☐ : Tech. Invs ($)   Others

          ☐ : Week end ($)

                                   TOTAL