15/5/2010

INS. CASE OWNER: CHAN Kian Chuan 68805444

CC4/ASM20002801/H pa3

LKK: IDAC: 161034

ASSIGNMENT

Surveyor: RAM DOI: 20/07/2020 Date / Time : 18/02/2020

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. : SGP 9109U Claim No. : S0M02GIP

Name of Insured : SITI FATIMAH BINTE MUBARAK Policy No. : GA518028

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 14/02/2020 05:30 Place of Accident : BLK 751 PASIR RIS STREET 71 CARPARK

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

If **NO**, Driver Name / Age : BUANG BIN SANTHIO OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : +65-91835021 (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

SLV 8595P → → →

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	
	SLV 8595P - X
	SGP 9109U - CA/AIG09025292/w1 ; DOA : 10.11.09
	CC6/AIG09025980/Aph ; DOA : 10.11.09

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:	

ASS. REC. BY: Robin | REF: Asm (AxA) | 3324

ASSIGNMENT

From: _____ Date: 20.2.2020

Estimated Cost: _____

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

To Inspect Vehicle No: SLV 8595P

at Workshop m/s MTM Performance

of 42 Toh Guan Road East #01-78

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: 92210404 erwin

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

Bal. or Market Value: 70K

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 (rep')

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

Veh No: SLV 8595P Yr Regn: 2018 / JAN

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

Make: Honda Vezel 1.5 SCVT c.c 1496

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

Sp.Reading 007436 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: RU1109486

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: 215/55R17

R: "

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.	14/02/2020	D.O.I.	20/02/2020

Survey held at MTM

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

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Preli. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. Invs ($ _____)

☐ : Weekend ($ _____)

Report Format : _____

Lump Sum / I.B.I: ($ _____)

Survey Fee:	
Transportation:	
___S + RS. ___SI	
Photos	
Others	
TOTAL	

Item	Estimated Price	Item	Estimated Price
Front Panel repair	$616.60	Left Fog Lamp ?	$350.65 ?
Front Re-enforcement Bar ?	$386.10	Right Fog Lamp X	$350.65 X
Front Bumper de	$992.50	Rear Panel ?	$440.80 ?
Front Sensor X		Rear Re-enforcemenr Bar ?	X
Headlight - Right cra	$1947.60	Rear Bumper de	$832.35
Headlight - Left cra	$1947.60	Rear Sensor ?	$513.60 S/N-220
Condenser ? bt	$1872.50	Rear Number Plate scr	$32.10 S/N
Radiator ?	$1338.20	Rear Vezel Logo re	$46.05
Front Bonnet bt	$954.85	Rear Right Tail Lamp cra	$472.40
Front Number Plate cra	$32.10 S/N	Rear Left Tail Lamp cra	$472.40
Front Number Plate Holder X	$32.10	Rear Left Wheel Arc X	$419.60
Front Grill cra	$406.60	Rear Right Wheel Arc X	$419.60
Honda Logo re	$41	Rear Boot bt	$1177.95
Honk X	$69.60	Rear Boot Lock DAM	$210.40
Left Retainer re	$22.05	Left Retainer re X	$29.45
Right Retainer X	$22.05	Right Retainer re	$29.45
Lower Front Lip scr	$481.75	Front right fender X	$620.60
Lower Front Grille ?	$123.70	Front left fender repair	$620.60

Front right wheel arch X $422.65
Front left wheel arch ? $422.65

Company Name:	LKK AUTO cra
Surveyed by:	RASUL X
Contact Number:	90010068 X
Date / Time:	20/02/2020 @ 1430 hrs

Grille chrome - $470.80
Grille chrome LH - $85.60
Grille chrome RH - $85.60

12 days
H/S
Rosy after repair