15/5/2010

INS. CASE OWNER: KHOR Saw Theng 6568804754

CC4/ASM20002963/R1 pa3

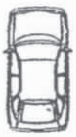
LKK: IDAC: 161461

ASSIGNMENT

Surveyor: KASM DOI: 28/07/2020 Date / Time :

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SLZ 5822H

Name of Insured : TAN GUO YUAN

Insured Tel No. : HP: +65-88766960

Excess Sec II :S$ D.O.A : 06/02/2020 16:00

Is driver the owner? (YES / NO)

If **NO**, Driver Name / Age :

Driver Tel No. : (V/L: YES / NO)

Claim No. : S0M02FVY X

Policy No. : GA530061

Make / Model : TOYOTA COROLLA ALTIS-1.6 (A)

Place of Accident : PIE (TUAS) BEFORE EXIT STEVEN RD

Nature of Accident :

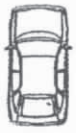
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % **Final ? Yes / No**

FBD 7658L → → →

INSRS:
WSP: SOUTHERN MOTOR
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	FBD 7658L NA/INC20002147/h4 ; 06/02/2020 SLZ 5822H NBA/INC20002507/Y ; 06/02/2020
	Message Pls engage our insured and check with him 1. where he going during the time of accident and what is the purpose of travelling 2. whether he hit the third party car or only hit the motorcycle You may proceed with DS once these 2 questions are cleared.

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: Email ☐ Call ☐
Repair Cost:	S$	(days) Reduction: %	
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: Rama | REF: | 700L

ASSIGNMENT

COE EXPIRY : 2029 / JULY

From: Date:

Estimated Cost:

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

To Inspect Vehicle No: FBD 7658L

at Workshop m/s SOUTHERN MOTOR

of 1006, BUKIT MERAH LN 2 #01-10

Insured: ASM (AXA)

Policy No.

Claims No.

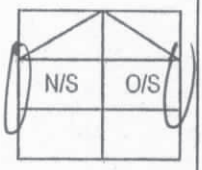
Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Bal. or Market Value:

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

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: FBD 7658L Yr Regn: 2009 / July

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

Make: YAMAHA X-1R c.c 135

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

Sp.Reading 20876 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: 4S3303456

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: 80/90-17

R: 90/80-17

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

Front		Rear	
R/Bal.	3 mm	R/Bal.	3 mm
L/Bal.	mm	L/Bal.	mm
D.O.A.	06/02/2020	D.O.I.	20/02/2020

*Survey held at SOUTHERN MOTOR

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
	2456.20
	486
	430

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 ($)

Survey Fee:

Transportation: __S + RS__SI

Photos

Others

TOTAL

Report Format :

Lump Sum / I.B.I: ($