15/5/2010

INS. CASE OWNER: CC4/LPC20003078/E ka3

LKK:

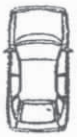
IDAC:

ASSIGNMENT

Surveyor: SHK DOI: 9/3/2020 Date / Time : 24/02/2020

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : GBE 4264D

Name of Insured :

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 21/02/2020 08:05

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

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

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

Claim No. :

Policy No. :

Make / Model :

Place of Accident : THOMSON RD AT JUNCTION OF TOA PAYOH RISE

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

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

GBE 4264D →	SLL 7336E →	SJF 199K →
INSRS:	INSRS:	INSRS:
WSP:	WSP: TC	WSP:
Tel :	Tel : AUTOCLINIC	Tel :
Liability :	Liability :	Liability :
RMKS: OI	RMKS: TP	RMKS:

Date/ Time		STAGE	DATE / PIC
	SLL 7336E - X GBE 4264D - X	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$ 14,868.60 (8 days) Reduction: 8,365.04/36 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 28/9/2020 Confirm with SAYEDINAH Email ✓ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 28	If NO or B 28, Ass. Lia :	100
Repair Cost: (w/GST)	S$ 15,909.49		
Loss of Rental (LOR): (w/GST)	S$ 866.70 (9 days) X $90	3 VEH C.C, OI LAST VEH	
Loss of Use (LOU):	S$ ($ 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:	TP
Legal Cost	S$	3) Survey fee:	$ 400
Total:	S$ 16,776.19 **Global Sum S$:**		

FINAL PAYMENT Date/Time: Confirm with: Email ☐ Call ☐

Payee 1:	S$ 16,776.19	Name 1:	TC AUTOCLINIC PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	

ASS. REC. BY: Steve | REF: lpc

ASSIGNMENT

From: _____ Date: 9/3/2020

Estimated Cost: _____

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

To Inspect Vehicle No: SLL 7336E

at Workshop m/s TC Autoclinic

of 25 Jalan Kee Road

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

10 am - 12pm

Shawn

(Policy Condition)

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

N/S	O/S

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: SLL 7336E Yr Regn: 8/3/17

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

Make: NISSAN X-Trail c.c 1997

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

Sp.Reading 38872 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JNITANT32Z0123929

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: 225/60R18

R: "

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

Front		Rear	
R/Bal.	5 mm	R/Bal.	5 mm
L/Bal.	5 mm	L/Bal.	5 mm
D.O.A.	21/2/20	D.O.I.	9/3/20

Survey held at TC Autoclinic

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
	MV - 85K
	10747.08
	577.92

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	