15/5/2010

INS. CASE OWNER: CHAN Klan Chuan 68805444 | CC4/ASM20003430/Ug a3 | LKK: IDAC: 162635

ASSIGNMENT

Surveyor: Marcus DOI: 3/3/2020 Date / Time : 02/03/2020 Registered in Merimen: —

Pre-assign / CCU / FTE X

Insured Vehicle No. : SKT 9761S Claim No. : S0M02HM1

Name of Insured : NG PUAY JOO WENDY Policy No. : GA046601

Insured Tel No. : HP: Make / Model : TOYOTA HARRIER 2.0 PREMIUM CVT 2WD SR

Excess Sec II :S$ D.O.A : 27/02/2020 13:20 Place of Accident : BANGKIT ROAD CAR PARK IN FRONT OF BLK 256

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

If NO, Driver Name / Age : NG BAK HO OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : +65-96381318 (V/L: YES / NO) Insured Liability : % Final ? Yes / No

SLT 1612E → → →

INSRS: WSP: Tel : Liability : RMKS: Automobile Integrated Management Pte Ltd

INSRS: WSP: Tel : Liability : RMKS:

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INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	SLT 1612E - CC6/AIG18012940/Ajb3s2 ; 13/07/2018
	NA/INC19008887/k4 ; 18/05/2019
	NA/INC19019016/z4 ; 24/10/2019
	SKT 9761S - X

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:	X	
Towing Invoice	X	
LTA / GIA :	X	
Medical Bill:	X	
PIR:	X	
Mandate/Reject Instruction:	✓	
LOD	✓	
Payment Breakdown Form:		
Post-Repair Photos:	X	
Others:	X	

PRELIMINARY ADVICE Date/Time: Sent By:

FINALIZATION Date/Time: Confirm with: Confirm by: MARCUS

Repair Cost: L/S S$ 2050.00 (3 days) Reduction: 4864.20 % 70 Email ✓ Call

FINAL SETTLEMENT Date/Time: 13/04/2020 Confirm with JACYNE Email ✓ Call

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 23	If NO or B 28, Ass. Lia :
Repair Cost: (W/GST)	S$ 2193.50	
Loss of Rental (LOR):	S$ (days)	
Loss of Use (LOU):	S$ 150.00 ($ 50 x 3 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: $350.00
Total:	S$ 2343.50 **Global Sum S$:** 2340.00	

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

Payee 1:	S$ 2340.00	Name 1:	AUTOMOBILE INTEGRATED MANAGEMENT PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	

ASS. REC. BY:

REF: ASM (A×A)

ASSIGNMENT

From: _____ Date: 3/3/2020

Estimated Cost: _____

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

To Inspect Vehicle No: SLT 1612E

at Workshop m/s Automobile Integrated

of 23 Kaki Bukit Ave 4, Kaki Bukit 1104-01

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: After 12pm

(Policy Condition)

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

N/S	O/S

Bal. or Market Value: 56k

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 Insp: LTA4064J

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SLT1612E Yr Regn: 10/17

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

Make: KIA forte k3 c.c 1591

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

Sp.Reading 57832 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KNAFJ411M5754750

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: 195/65-R15

R: _____

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

Front		Rear	
R/Bal.	7 mm	R/Bal.	7 mm
L/Bal.	7 mm	L/Bal.	7 mm
D.O.A.	27/2/20	D.O.I.	3/3/20

Survey held at _____

Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or O/S R

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 ($ _____)

Survey Fee:

Transportation: ___S + RS, ___SI

Photos

Others

TOTAL

Report Format : _____

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