15/5/2010

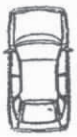
INS. CASE OWNER: Lionel Tan | CC4/FWD20003452/Bpa3 | LKK: IDAC:

ASSIGNMENT

Surveyor: MR . LIM DOI: 03/03/2020 Date / Time : 02/03/2020

Registered in Merimen: 02/03/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SJH 5043H

Name of Insured : HARYATI BINTE JAMIL

Insured Tel No. : HP: +65-88668084

Excess Sec II :S$ D.O.A : 17.12.2019

Is driver the owner? (YES / NO)

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

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

Claim No. : 1201900040523

Policy No. : PNPV2019-00011824

Make / Model : TOYOTA COROLLA AXIO 1.5X A

Place of Accident : ALONG BKE TOWARDS PIE (3.5KM)

Nature of Accident :

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

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

BGY 2166 → _____ → _____ → _____

INSRS:
WSP: TEAM AUTOPRO
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	BGY 2166 - X	SJH 5043H - 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:		
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$	1) Claim status: Normal/Reject/Private Settle
Medical:	S$	2) Report Format:
Disbursement:	S$ (e.g. Tow/ Independent)	3) Survey fee:
Legal Cost	S$	
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:

REF: FWD

Hsiao Dong

ASSIGNMENT

From: _____ Date: 3/3/2020

Estimated Cost: _____

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

To Inspect Vehicle No: BGY 2166

at Workshop m/s Teamauto pro

of 160 Sin ming Drive #01-14

Insured: _____

Policy No. _____

Claims No. _____

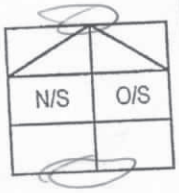
Sum Insured: _____ Excess: _____

(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: 6 days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS "up"

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: BGY 2166 Yr Regn: Oct / 2003

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

Truck / Trailer or _____

Make: Nissan c.c 1488

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

Sp.Reading 443550 T/Radio: Insured / Std / NI / NA

Eng/No: A15C063343

C/No: VPC22 A29175

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: 175/70/13

R: 175/70/13

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or VIKING

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm

D.O.A. 17/12/2019 D.O.I. 3/3/2020

Survey held at Jeam Auto pro

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
	Range 4,000/2 - 5,000/2
	L/S 5,000/2 TGTim Tim 9/3/2020
	COR recommended $4,300/2 TGTim Tim 9/3/2020
	TGTim Tim 6/3/2020
	NV $4333/2 (Rm 13,000/2)

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: ($ _____)