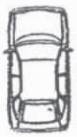
15/5/2010

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 ) Nature of Accident :
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)

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 |
|---|---|---|
| 16/12/2020 | Pls refer to VIEWS for details. | |

| 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: L/sum S$ 5,000.00 ( 6 days) Reduction: 65 % Email ☐ Call ☐

**FINAL SETTLEMENT** Date/Time: 16/12/2020 Confirm with Adel Email ✓ Call ☐

| | | |
|---|---|---|
| Final Liability: | % 90 (Agreed / Assessed) BOLA S/N No. : NIL | If NO or B 28, Ass. Lia : |
| Repair Cost 5,000.00 | S$ 4,500.00 | |
| Loss of Rental (LOR): | S$ ( days) | |
| Loss of Use (LOU) 240.00 | S$ 216.00 ($ 30 x 8 days) | |
| Loss of Income (LOI): | S$ ($ x days) | |
| LOR only ☐ LOU only ✓ LOR + LOU ☐ LOR + LOI ☐ [Tick only one] | | |
| GIA/LTA Search | S$ 7.45 | |
| ~~Medical~~ VEP Fee | S$ 150.00 | 1) Claim status: Normal/[redacted] |
| Disbursement: | S$ 90.00 (e.g. Tow/ [redacted]) | 2) Report Format: TP |
| Legal Cost | S$ | 3) Survey fee: $500.00 |
| **Total:** | **S$ 4,963.45** | **Global Sum S$:** 5,000.00 (As per FWD mandate) |

Email ✓ Call ☐

**FINAL PAYMENT** Date/Time: Confirm with:

| | | | |
|---|---|---|---|
| Payee 1: | S$ 5,000.00 | Name 1: | Team Autopro Pte Ltd |
| 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. _____

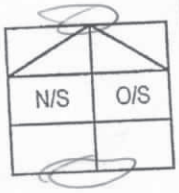
Sum Insured: _____ Excess: _____

(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: ($ _____)