

INS. CASE OWNER:

Lionel Tan

CC4/FWD20003584/Uga3

LKK:

IDAC:

ASSIGNMENT

Surveyor:

MARCUS

DOI: 04.03.2020

Date / Time: 04.03.2020

Registered in Merimen: 04.03.2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SJD 8161B

Name of Insured : LEE TACK HUAT

Insured Tel No. : HP:

Excess Sec II :S\$

Is driver the owner?

(YES / NO)

D.O.A : 04/03/2020 07:30

Nature of Accident :

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

Claim No. :

Policy No. :

Make / Model :

Place of Accident :

PNPV2018-00010473-01

SUBARU FORESTER

TPE TOWARDS PIE BEFORE LORONG
HALUS EXIT

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

Insured Liability : % Final ? Yes / No

SGD 6683K

INSRS:
WSP: FASTECH
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

| Date/ Time | STAGE | DATE / PIC |
|--|-----------------------------------|---|
| SGD 6683K - X | Non-Reporting ltr (1st): | |
| SJD 8161B - CC6/AIG11022856/Ua2a3y; 4.11.11 | 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) | <input type="checkbox"/> <input type="checkbox"/> |
| | After call ltr to OI: | <input type="checkbox"/> <input type="checkbox"/> |
| | Authorisation To Act: | <input type="checkbox"/> <input type="checkbox"/> |
| | Release Voucher: | <input type="checkbox"/> <input type="checkbox"/> |
| | Final Repair Bill: | <input type="checkbox"/> <input type="checkbox"/> |
| | Car Rental Invoice: | <input type="checkbox"/> <input type="checkbox"/> |
| | Towing Invoice | <input type="checkbox"/> <input type="checkbox"/> |
| | LTA / GIA : | <input type="checkbox"/> <input type="checkbox"/> |
| | Medical Bill: | <input type="checkbox"/> <input type="checkbox"/> |
| | PIR: | <input type="checkbox"/> <input type="checkbox"/> |
| | Mandate/Reject Instruction: | <input type="checkbox"/> <input type="checkbox"/> |
| | LOD | <input type="checkbox"/> <input type="checkbox"/> |
| | Payment Breakdown Form: | <input type="checkbox"/> <input type="checkbox"/> |
| | Post-Repair Photos: | <input type="checkbox"/> <input type="checkbox"/> |
| | Others: | <input type="checkbox"/> <input type="checkbox"/> |
| PRELIMINARY ADVICE Date/Time: | Sent By: | |
| FINALIZATION Date/Time: | Confirm with: | Confirm by: |
| Repair Cost: L/S S\$ 2600.00 (4 days) Reduction: 4524.00 % 64 | | Email <input type="checkbox"/> Call <input type="checkbox"/> |
| FINAL SETTLEMENT Date/Time: 24/08/2020 Confirm with LINA | | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/> |
| Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 28 | | If NO or B 28, Ass. Lia : 0% |
| Repair Cost: S\$ 2782.00 (W/GST) | | |
| Loss of Rental (LOR): S\$ 500.00 (5 days) x \$100 | | C.C (OI 2ND) |
| Loss of Use (LOU): S\$ (\$ x days) | | |
| Loss of Income (LOI): S\$ (\$ x days) | | |
| LOR only <input checked="" type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one] | | |
| GIA/LTA Search S\$ 2.00 | | 1) Claim status: <input type="checkbox"/> Normal/Reject/Private Settle |
| Medical: S\$ | | 2) Report Format: TP |
| Disbursement: S\$ (e.g. Tow/ Independent) | | 3) Survey fee: \$500.00 |
| Legal Cost S\$ | | |
| Total: S\$ 3284.00 Global Sum S\$: 3250.00 | | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/> |
| FINAL PAYMENT Date/Time: | Confirm with: | |
| Payee 1: S\$ 3250.00 Name 1: FASTECH AUTO PTE LTD | | |
| Payee 2: (Strike if N.A.) S\$ Name 2: | | |
| Payee 3: (Strike if N.A.) S\$ Name 3: | | |

(08/11/13) wef

REF:

Two

ASS. REC. BY: Marcus

3

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured:

(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 Rpt:

GIA / PR Seen:

Est. Repairs:

Lum Sum:

Consistent? : Yes or No

Consistent? : Yes or No

days Res.: Yes or No

% 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Date / Time

Action / Instruction

coe 20-2-2021

Veh No:

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

Truck / Trailer or

Make:

Colour

Sp. Reading

Eng/No:

C/No:

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

R:

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

TOYO / YOKO or

Front

R/Bal.

L/Bal.

D.O.A.

Survey held at

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

The U/C / Chassis frame / Body Structure affected due to collision.

Yr Regn:

C.C

A/C: Insured / Std / NI / NA

T/Radio: Insured / Std / NI / NA



Date/Time. File Pass to?

1) Date/Time, File Return to?

2)

Report Format :

Lump Sum / I.B.I. (\$

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

Site Insp (\$

Interview (\$

Tech. Invs (\$

Weekend (\$

Survey Fee:

Transportation:

) \$ + RS. \$

) Photos

) Others

TOTAL

Date of Accident : 04.04.2020 Accident Time: 07:45 (24-HR-Format)
 Accident Place : KPE towards PIE
 Vehicle. No. (Car Plate No.) : SGD 6683K Make/Model: Mitsubishi Coltplus 1.5
 Insurance Company : Aviva Policy No: 10965707
 Owner or Company Name /IC No. : Jamilah Bte Osman (S1806010H)
 Owner or Company Contact No. : _____ Owner's Hp _____ Company Tel _____
 DRIVER'S Name / IC No. : As above
 DRIVER'S Date Of Birth : 28 Jul 1967 DRIVER'S License Pass Date 02 Dec 2005
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Owner
 DRIVER'S Address : Blk 187A Rivervale Drive #03-850 Singapore 541187
 DRIVER'S Contact No./ Alt No. : 1) _____ 2) _____
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
 Email Address : _____
 Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
 Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
 Number of Passengers (Including Driver): _____
 Was there any video Captured by car camera: YES \ NO
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose
 Any Injury (If YES, Pls state): _____

Other Party Driver's Particular (if any)

| | |
|---|--|
| Vehicle. No: <u>SGD 8161B (Vehicle B)</u> | Vehicle. No: <u>PC 3185A (Vehicle C)</u> |
| Vehicle Make/Model: _____ | Vehicle Make/Model: _____ |
| Name Driver: _____ | Name Driver: _____ |
| IC No. Driver/Contact: _____ | IC No. Driver/Contact: _____ |

*** NEW - Passenger's name & gender:**

