

INS. CASE OWNER:

CC6/FC/20003960/Aea3

LKK:
IDAC:

ASSIGNMENT

Surveyor:

Adrian

DOI:

13/3/2020

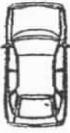
Date / Time:

13/3/2020

Registered in Merimen:

-

Pre-assign / CCU / FTE



Insured Vehicle No. : SHC 7021H

Claim No. : D20061447MF8H

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 11/03/2020

Place of Accident : JUNCTION of orchid club rd

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

If NO, Driver Name / Age :

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

Driver Tel No. :

(V/L: YES / NO)

Insured Liability : % Final ? Yes / No

SLM 4464H →



INSRS:
WSP: N-51
Tel : Automotive
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	<u>SLM 4464H -X</u>	Non-Reporting ltr (1st):	
	<u>SHC 7021H - CS/FC/1701568/16XX ; 6/8/17</u>	Non-Reporting ltr (2nd):	
	<u>- CS/FC/119018228/Aea3w2 ; 13/10/19</u>	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"/>
		After call ltr to OI:	<input type="checkbox"/>
		Authorisation To Act:	<input type="checkbox"/>
		Release Voucher:	<input type="checkbox"/>
		Final Repair Bill:	<input type="checkbox"/>
		Car Rental Invoice:	<input type="checkbox"/>
		Towing Invoice	<input type="checkbox"/>
		LTA / GIA :	<input type="checkbox"/>
		Medical Bill:	<input type="checkbox"/>
		PIR:	<input type="checkbox"/>
		Mandate/Reject Instruction:	<input type="checkbox"/>
		LOD	<input type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/>
PRELIMINARY ADVICE	Date/Time:	Sent By:	Post-Repair Photos: <input type="checkbox"/>
			Others: <input type="checkbox"/>
FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost:	S\$ (days) Reduction:	%	Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT	Date/Time:	Confirm with	Email <input type="checkbox"/> Call <input type="checkbox"/>
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 <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/>			[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:
Legal Cost	S\$		3) Survey fee:
Total:	S\$	Global Sum S\$:	
FINAL PAYMENT	Date/Time:	Confirm with:	Email <input type="checkbox"/> Call <input type="checkbox"/>
Payee 1:	S\$	Name 1:	
Payee 2: (Strike if N.A.)	S\$	Name 2:	
Payee 3: (Strike if N.A.)	S\$	Name 3:	

REF: FCI

ASS. REC. BY:

ASSIGNMENT

From: _____ Date: 12/3/2020
 Estimated Cost: _____
 OD/TP/WS/TP RES/OD RES/EVA/INV/MV
 To Inspect Vehicle No: SLM 4464H
 at Workshop m/s N-51 Automotive
 of 2 kaki Bukit Avenue 2 #01-18
 Insured: Autohub
 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.

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 ^{1up}
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SLM4464H Yr Regn: 2017, March.
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Nissan Qashqai c.c 1197
 Colour: White A/C: Insured / Std / NI / NA
 Sp. Reading: 215226 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: SJNFEAJ11U177327
 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: 215/60R17.
 R: 215/60R17.
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or 17ablead
 Front _____ Rear _____
 R/Bal. 06 mm R/Bal. 06 mm
 L/Bal. 06 mm L/Bal. 06 mm
 D.O.A. _____ D.O.I. 13/03/20
 Survey held at N51
 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
	<u>TP 1st Cap.</u>

Date/Time, File Pass to? : Preli. Report
 : Final Report
 1) _____
 Date/Time, File Return to? _____
 2) _____
 Report Format: _____
 Lump Sum / L.B.I. (\$) _____

Days Of Repair: _____
 Resurvey No. of Trip: _____

Add Fee: : Site Insp (\$) _____
 : Interview (\$) _____
 : Tech. Invs (\$) _____
 : Weekend (\$) _____

Survey Fee: _____
 Transportation: _____
 S + RS. SI _____
 Photos _____
 Others _____
 TOTAL _____

MOTOR SURVEY ASSIGNMENT

Date	12-03-2020	Our Ref No. D20001447MFSH
Accident Date	11-03-2020	Claim Type. Third Party
Insured Vehicle	SHC7021H	Third Party Vehicle. SLM4464H
Survey Location	2 KAKI BUKIT AVENUE 2 #01-18 KAKI BUKIT AUTOHUB	
Contact Person.	ZI TING	
Contact No.	68420051/ 0	Fax No. 67410510
Survey Type	WITHOUT PREJUDICE: ACCIDENT NOT REPORTED:	
Appointed Surveyor	LKK AUTO CONSULTANTS PTE LTD	
Contact Person	NA	Fax No. 68416315
Contact Number.	NA	

10:08am @ 13/3/2020
P: Melody
V: IN
S: Adnan

FOR DIRECT SETTLEMENT

Please submit to us the Tax Invoice together with letter of claim for Rental OR Loss of use (based on NIMA Benchmark rates) together with your survey report.

THIRD PARTY SURVEY REQUEST

Cc : Workshop	N-51 AUTOMOTIVE PTE LTD	Attention. NIL
Cc : TP Solicitor	NA	TP Solicitor Fax No. NA
Officer Incharge	MERINA CHIA SAN SAN	

IMPORTANT NOTE

Kindly submit the survey report via CWS within 14 days for survey assignment and 7 days for re-inspection.
This is a computer generated letter, no signature required.