

INS. CASE OWNER:

CC4/AIG20004147/Kka3

ASSIGNMENT

Surveyor: KENNETH

DOI: 17/03/2020

Date / Time : 17/03/2020

Registered in Merimen: 17/03/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SLP 3091R

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : S\$ _____ D.O.A : 13/03/2020

Place of Accident : _____

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

SKJ 8406C

INSRS:
WSP: CHEW GOON
Tel: MOTOR
Liability :
RMKS:INSRS:
WSP:
Tel:
Liability :
RMKS:INSRS:
WSP:
Tel:
Liability :
RMKS:INSRS:
WSP:
Tel:
Liability :
RMKS:

| Date/ Time | SKJ 8406C - CC6/AIG15004865/Gha3s2 15/03/2015 | STAGE | DATE / PIC |
|----------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|-------------------------------|
| | SLP 3091R - CC3/AIG18016281/Kfa3q2 03/09/2018 | Non-Reporting ltr (1st): | |
| | CC4/AIG19013286/Kdb3 25/07/2019 | 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"/> |
| | | 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"/> |
| | | Post-Repair Photos: | <input type="checkbox"/> |
| | | Others: | <input type="checkbox"/> |
| PRELIMINARY ADVICE Date/Time: _____ Sent By: _____ | | | |
| FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____ | | | |
| Repair Cost: L/S | S\$ 3,000.00 (5 days) Reduction: \$3,032.63 % 50 | Email <input type="checkbox"/> | Call <input type="checkbox"/> |
| FINAL SETTLEMENT Date/Time: 22/04/2021 Confirm with KELLY | | | |
| Final Liability: | % 100 (Agreed / Assessed) BOLA S/N No. : 23 | Email <input checked="" type="checkbox"/> | Call <input type="checkbox"/> |
| Repair Cost: | S\$ 3,210.00 W/GST | If NO or B 28, Ass. Lia : | |
| Loss of Rental (LOR): | S\$ 642.00 (6 days) x \$107.00 (W/GST) | | |
| 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: \$320.00 | |
| Legal Cost | S\$ | | |
| Total: | S\$ 3,854.00 Global Sum S\$: | Email <input checked="" type="checkbox"/> | Call <input type="checkbox"/> |
| FINAL PAYMENT Date/Time: _____ Confirm with: _____ | | | |
| Payee 1: | S\$ 3,854.00 Name 1: CHEW GOON MOTOR | | |
| Payee 2: (Strike if N.A.) | S\$ Name 2: | | |
| Payee 3: (Strike if N.A.) | S\$ Name 3: | | |

ASS. REC. BY:

REF: 1161

ASSIGNMENT

From: _____

Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MY

To Inspect Vehicle No: _____

at Workshop m/s: Chen Guan

of _____

Insured: _____

Policy No. _____

Claims No. _____

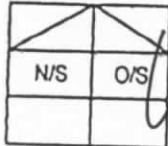
Sum Insured: _____

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 Rpt: _____

Consistent? : Yes or No

GIA / PR Seen: _____

Consistent? : Yes or No

Est. Repairs: 05 days

Res.: Yes or No

Lum Sum: 20 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____

Person Contacted: _____

Vehicle: IN / OUT

Veh No: SKJ 84060Yr Regn: 05, 13Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Toy Altis 4Ac.c. 1598Colour: Black

A/C: Insured / Std / NI / NA

Sp. Reading: 98354

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: NR053 REE104156373Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModl: Nil / S/Rlm / STD A/Rlm or

Tyre Size: F: _____

R: _____

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

Front

Rear

R/Bal. 7 mmR/Bal. 7 mmL/Bal. 7 mmL/Bal. 7 mmD.O.A. 13/3/20D.O.I. 17/3/2020

Survey held at _____

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop oro/s body
The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐ : Prell. Report☐ : Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trlp: _____

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

Survey Fee: _____

Transportation: _____

S + RS. SI _____

Fees _____

Others _____

TOTAL

Report Format :

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

Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
 MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)
 ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5115585562

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SKJ8406C**
 Chassis Number : MR053REE104156373
2. Name of Policyholder : TAN WEINI
3. Effective Date of Insurance : 18 Jan 2020
4. Expiry Date of Insurance : 17 Jan 2021
5. Persons or Classes of Persons entitled to drive#
 (a) The Policyholder.
 (b) Any other person who is driving on the Policyholder's order or with his/her permission.
 Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.
6. Limitations as to Use#
 (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

| | |
|--------------------------------------|---------------------------------------------------|
| EXCESS (SECTION 1) | : S\$600 |
| EXCESS (SECTION 2) | : N/A |
| WINDSCREEN EXCESS | : S\$100 |
| ADDITIONAL EXCESS | : N/A |
| UNNAMED DRIVER EXCESS | : PLEASE REFER OVERLEAF |
| REPAIR AT OWNER'S PREFERRED WORKSHOP | : NO |
| INSURE WITH COE | : YES |
| NCD PROTECTION | : NO |
| TRANSPORT ALLOWANCE | : NO |
| EXCESS WAIVER | : NO |
| PRIMARY DRIVER | : TAN WEINI |
| NAMED DRIVER (1) | : FU EU LEONG ANDY (FU YOU LIANG ANDY) |
| NAMED DRIVER (2) | : N/A |
| HIRE PURCHASE COMPANY | : N/A |
| SUM INSURED | : MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS |

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : DICKSON INSURANCE AGENCY PTE. LTD. (00000573832)
 Date of Issue : 17 Jan 2020 09:10 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive