15/5/2010

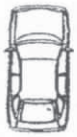
INS. CASE OWNER: Janice Goh | CC4/EQI20004590/Ega3 | LKK: IDAC:

ASSIGNMENT

Surveyor: STEVE DOI: 27/03/2020 Date / Time : 27/03/2020

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : SGS 8241K Claim No. : DM20HO00634/SG X

Name of Insured : DREAM CAR LEASING PTE LTD Policy No. : DMCFHQ19-000090

Insured Tel No. : HP: Make / Model : TOYOTA AXIO-1.5 (A)

Excess Sec II :S$ D.O.A : 23/03/2020 08:10 Place of Accident : 33 LEONIE HILL ROAD (OUE TWIN PEAKS)

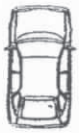
Is driver the owner? (YES / NO) Nature of Accident :

If **NO**, Driver Name / Age : BRAYDEN MARCUS LOW OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : +65-91236969 (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

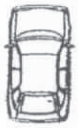
VCR 8480 → → →

INSRS:
WSP: SOUTHERN
Tel : MOTOR
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	VCR 8480 - X	Non-Reporting ltr (1st):	
	SGS 8241K - CC4/EQI17019982/Gfb3q2 ; 12/10/2017	Non-Reporting ltr (2nd):	
	NA/INC11020509/s2 ; 06/10/2011	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/S	S$ 6050.00 (3 days)	Reduction: 3272.90 % 35	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 06/08/2020	Confirm with Lim	Email ☑ Call ☐
Final Liability:	% 50 (Agreed / Assessed)	BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost: 6473.50	S$ 3236.75 (W/GST)		
Loss of Rental (LOR):	S$ (days)		*CONFLICTING VERSION*
Loss of Use (LOU): 60.00	S$ 30.00 ($ 20 x 3 days)		
Loss of Income (LOI):	S$ ($ x days)		
LOR only ☐ LOU only ☑	LOR + LOU ☐ LOR + LOI ☐	[**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: TP
Legal Cost	S$		3) Survey fee: $400.00
Total:	**S$** 3266.75	**Global Sum S$:** 3200.00	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☑ Call ☐
Payee 1:	S$ 3200.00	Name 1: SOUTHERN MOTOR	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	

ASS. REC. BY: Steve REF:

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: _____ 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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: VCR 8480 Yr Regn: 27/1/19

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or _____

Make: Kawasaki versys c.c 649

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

Sp.Reading 16005 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JKAL E650CCDA14787

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: 120/70ZR17

R: 160/70ZR17

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

Front		Rear	
R/Bal.	5 mm	R/Bal.	5 mm
L/Bal.	mm	L/Bal.	mm
D.O.A.	23/3/20	D.O.I.	27/3/20

Survey held at Southern Motor

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

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 ($ _____)

Report Format : _____

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

Survey Fee:	
Transportation:	
___$ + RS, ___SI	
Photos	
Others	
TOTAL	