

15/5/2010

INS. CASE OWNER:

CC 6 / III150 15737 / Aha3

LKK:

IDAC:

ASSIGNMENT

Surveyor:

Adrian

DOI:

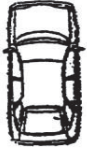
16.09.2015

Date / Time :

16.09.2015

Registered in Merimen:

16.09.2015

Pre-assign / CCU / FTE

Insured Vehicle No. : SH 6344B

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : SS

D.O.A : 11.08.2015

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

SJH 1367A



INSRS:

WSP: Huakian

Tel :

Liability :

RMKS:



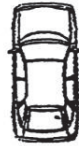
INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

FOR CSO ONLY:

Is driver the owner? (YES / NO)

If NO, Driver Name / Age :

Driver's Own Vehicle Number:

Insurance Company:

SJH 1367A - x

SH 6344B - NS/INCIQD1412/Hybu2 DOA: 23/6/14

STAGE

DATE / PIC

Finalisation:

Email AIG for OI GIA:

Apt letter to OI:

Call OI:

After call ltr to OI:

Type Report:

Prepare Invoice:

Others:

Documentation Check List: Handler TypistOI Apt Ltr: ☐ ☐Authorisation To Act: ☐ ☐Release Voucher: ☐ ☐Final Repair Bill: ☐ ☐Car Rental Invoice: ☐ ☐LTA / GIA : ☐ ☐Medical Bill: ☐ ☐Approval Email: ☐ ☐Payment Breakdown Form: ☐ ☐Others: ☐ ☐**FINAL SETTLEMENT**

Date :

Confirm with

Repair Cost:

S\$

Final Liability:

% (Agreed / Assessed)

BOLA S/N No. :

Loss of Rental:

S\$

(days)

If NO or B 28. Ass. Lia :

Loss of Use:

S\$

(\$ x days)

1) Claim status: Normal/Reject/Private Settle

Disbursement:

2) Report Format:

REF:

ASS. REC. BY: Adrian King**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 Rpt: _____ 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: SJA1367A Yr Regn: 2008 / JulyType: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Bmw 523i c.c. 2497Colour: Green A/C: Insured / Std / NI / NASp. Reading: 158974 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WBAHU12080CW25*298Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 225/50R17R: 225/50R17BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front _____ Rear _____

R/Bal. 06 mm R/Bal. 06 mmL/Bal. 06 mm L/Bal. 06 mmD.O.A. _____ D.O.I. 16/09/15Survey held at Tha KianDes. 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>TPU</u>

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Report Format : _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:

☐

: Site Insp (\$ _____)

☐

: Interview (\$ _____)

☐

: Tech. Invs (\$ _____)

Survey Fee:

Transportation:

____ \$ + RS. ____ \$

Photos

Others