

INS. CASE OWNER:

CC 4/AIG170 22742, m/ea3

LKK:

IDAC:

Surveyor:

MA CF

DOI:

ASSIGNMENT

29-11-17

Date / Time:

28-11-17

Registered in Merimen:

29-11-17

Pre-assign / CCU / FTE



Insured Vehicle No. : 56F 8981B

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : S\$ _____ D.O.A : 28/11/17

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

SJF 9731P

INSRS: 6m-1
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			STAGE	DATE / PIC
	SJF 9731P - X;		Non-Reporting ltr (1st):	
	56F 8981B - 664/0861 6023782 / Sub 3m7 - 60A-8/1/16		Non-Reporting ltr (2nd):	
	- 664/1661 7015086 / Apb3 : 60A-8/1/17		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:	☐
PRELIMINARY ADVICE	Date/Time:	Sent By:	Post-Repair Photos:	☐
			Others:	☐
FINALIZATION	Date/Time:	Confirm with:	Confirm by:	
Repair Cost:	S\$	(days) Reduction: %	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time:	Confirm with	Email ☐ Call ☐	
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 ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]				
GIA/LTA Search	S\$			
Medical:	S\$			
Disbursement:	S\$	(e.g. Tow/ Independent)		
Legal Cost	S\$			
Total:	S\$	Global Sum S\$:		
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐	
Payee 1:	S\$	Name 1:		
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

REF: AIG

ASSIGNMENT

From: _____ Date: 29/11/17

Estimated Cost: _____

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

To Inspect Vehicle No: SJF 9731P

at Workshop m/s EM-1 Auto

of 31K8 #01-08 Sin Ming Rd Ind. Est. Sec. C

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: _____ days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS up

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SJF9731P Yr Regn: Jun 2008

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

Truck / Trailer or

Make: M/T Lancer o.s 1499

Colour: 176762 A/C: Insured / Std / NI / NA

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

Eng/No: _____

C/No: JMYSRCY248067917

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / STD A/Rim or

Tyre Size: F: 205/ HANKOOK.
R: Yoko

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

TOYO / YOKO or

Front

R/Bal. 8 mm

L/Bal. 8 mm

D.O.A. 27/11/17

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.

Date / Time Action / Instruction

Date/Time: File Pass to?

☐ : Preli. Report☐ : Final Report

Date/Time: File Return to?

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee

Transportation

) \$ - RS \$

Photos

Others

Add Fee: ☐ Site Insp (\$☐ Interview (\$☐ Tech. Insp (\$☐ Weekend (\$

Report Format : _____

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

TOTAL