15/5/2010

INS. CASE OWNER: CC 4/~~AIG~~ UR 1702 3776, W

LKK:
IDAC:

ASSIGNMENT

Surveyor: Marcus DOI: 14/11/17 Date / Time: 14/11/17

Registered in Merimen: 14/11/17

Pre-assign / CCU / FTE

Insured Vehicle No. : SLP 3638

Name of Insured : UR

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 18/11/17

Is driver the owner? (YES / NO)

If **NO**, Driver Name / Age :

Driver Tel No. : (V/L: YES / NO)

Claim No. :

Policy No. :

Make / Model :

Place of Accident :

Nature of Accident :

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

Insured Liability : % **Final ? Yes / No**

FBM 4138T → → →

INSRS:
WSP:
Tel :
Liability :
RMKS:

Broken.

INSRS:
WSP:
Tel :
Liability :
RMKS:

If SRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	FBM 4138T - X SLP 3638 - X

STAGE	DATE / PIC
Non-Reporting ltr (1st):	
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)		
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: S$ (days) Reduction: % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: Confirm with Email ☐ Call ☐

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]**

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$** **Global Sum S$:**

Email ☐ Call ☐

FINAL PAYMENT Date/Time: Confirm with:

Payee 1:	S$	Name 1:	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	

REF: AIG

ASSIGNMENT

From: Date: 14/12/2017

Estimated Cost:

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

To Inspect Vehicle No: FBM 4138T

at Workshop m/s: Erofia Motor Trading

of: 1 kaki Bukit Ave 6 # 02-62 Autobay

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 (up)

Date: Person Contacted: Vehicle: IN / OUT

Veh No: FBM 4138T Yr Regn: 10 17

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

Make: Piaggio Vespa cc: 155

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

Sp Reading: Rotting flap T/Radio: Insured / Std / NI / NA

Eng No:

C/No: ZAPM81200000045900

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 110-70-11

R: 120-70-11

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	mm	L/Bal.	mm

D.O.A: 18/11/17 D.O.I: 14/12/17

Survey held at:

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or Frt, n/s Body

The U/C / Chassis frame / Body Structure affected due to collision

Date / Time	Action / Instruction
	LTA 4833

Date/Time File Pass to?

to:

Date/Time File Return to?

to:

☐ : Preli. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ Site Insp /$ ☐ Interview /$ ☐ Tech. Insp /$ ☐ Weekend /$

Survey Fee

Transportation

Photos

Others

TOTAL

Report Format :

Lump Sum / I.B.I: ($