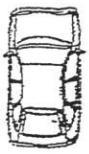
15/5/2010

INS. CASE OWNER: Jaclyn | CC 4 / AIG1702405L ID/kas | LKK: IDAC:

ASSIGNMENT

Surveyor: Bryan DOI: 18/12/17 Date / Time: 19/12/17

Pre-assign / CCU / FTE Registered in Merimen: 19/12/17



Insured Vehicle No. : SLS 404B Claim No. : 4076029198 SG

Name of Insured : LOO JIN WEI Policy No. :

Insured Tel No. : HP: 9759 1023 Make / Model : MAZDA 5 - 2.0 5DR WAGON(A)

Excess Sec II :S$ D.O.A : 14/12/17 Place of Accident : REPPEL FLYOVER (TWOS MCE)

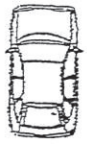
Is driver the owner? (YES / NO) Nature of Accident :

If NO, Driver Name / Age :

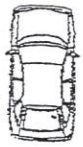
Driver Tel No. : (V/L: YES / NO) OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % Final ? Yes / No

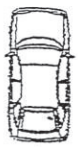
SLB 5525S →



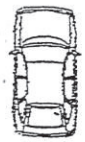
INSRS:
WSP: Teamworks Garage
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel.:
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SLB 5525S - NA/OAI1702320 9/h4 DoA: 14/12/17
	SLS 404B - NA/OAI1702380 9/h4 DoA: 14/12/17
21/12/17 (2am:)	

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 ☐
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)	1) Claim status: Normal/Reject/Private Settle
Legal Cost	S$		2) Report Format:
Total:	S$	Global Sum S$:	3) Survey fee:
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$	Name 1:	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	

ASSIGNMENT

REF:

From:	Date:
Estimated Cost:	
OD / TP / WS / TP RES / OD RES / EVA / INV / MV	
To Inspect Vehicle No:	
at Workshop this	
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: 5 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SLB5525S	1st Reg: Sept 2010
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or	(M.Car circled)
Make: BMW 335	cc: 2979
Colour: Yellow	A/C: Insured / Std / Nil / NA
Sp Reading: 115677	Radio: Insured / Std / Nil / NA
Eng No: 04407450H55B30A	
C/No: WBADX72020E241710	
Gen. Cond: Good / Fair / Poor / Burnt	(Good circled)
Steering: In Order / Jammed / Leaked / Burnt or	(In Order circled)
Brake: In Order / Jammed / Leaked / Burnt or	(In Order circled)
Modi: Nil / S.Rim / STD A/Rim or	(S.Rim circled)
Tyre Size: F: 235/35 R19	R: — 〃 —
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or	Bridgestone

Front		Rear	
R.Bal.	5 mm	R.Bal.	5 mm
L.Bal.	5 mm	L.Bal.	5 mm
D.O.A.	14/12/2017	D.O.I.	18/12/2017

Survey held at: Teamwork Paya Ubi

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or (Rear circled)

Rear

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

Date Time Action / Instruction :

AIG SLS 404B

Date/Time File Pass to: ☐ : Preli. Report

☐ : Final Report

Date/Time File Return to:

Days Of Repair:

Resurvey No. of Trip:

Survey Fee

Transportation

Add Fee: ☐ Site Insp. $

☐ Interview $

☐ Technical $

☐ Measure $

Report Format:

Lump Sum / I.B.I.I. $