15/5/2010

INS. CASE OWNER: CC 4/AIG1800 017h, tWb3

LKK:

IDAC:

ASSIGNMENT

Surveyor: FSL DOI: 2/2/18 Date / Time : 3/1/18

Registered in Merimen: 3/1/18

Pre-assign / CCU / FTE SFT 3077

Insured Vehicle No. :

Name of Insured :

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 24/1/18

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

If NO, Driver Name / Age :

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

Claim No. :

Policy No. :

Make / Model :

Place of Accident :

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

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

SFC 6638J → → →

INSRS: WSP: MBM. Tel : Liability : RMKS:

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INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	SFC 6638J - VWA [illegible]
	3F [illegible]

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:		

LIMINARY ADVICE Date/Time: Sent By:

LIZATION Date/Time: Confirm with: Confirm by:

air Cost: S$ (days) Reduction: % Email ☐ Call ☐

AL 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$	1) Claim status: Normal/Reject/Private Settle
Reimbursement:	S$ (e.g. Tow/ Independent)	2) Report Format:
Total Cost	S$	3) Survey fee:
Total:	S$ Global Sum S$:	

L 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:	

AIG

ASSIGNMENT

From: Date:

Estimated Cost:

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

To inspect Vehicle No: SFC6638J

at Workshop m/s MBM Wheelpower

of 160 S/M #06-02.

Insured:

Policy No.

Claims No.

Sum Insured: Excess:

Client's Record:

Make of Veh:

3/1/2018 2pm Owner Waiting 3pm

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S

Bal. or Market Value:

LDAC Accident Report: Consistent? : Yes or No

GIA PR Seen: Consistent? : Yes or No

Est. Repairs: 04 days Res.: Yes or No

Lum Sum: 1.B./ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date Person Contacted:

Veh No: SFC 6638J Page: 07/15

Type: (M.Car) / M Cycle / Bus / Van / Lorry / Taxi / Prime Mover

Truck / Trailer or

Make: Honda Vezel cc 1496

Colour: M. Maroon A.C. Insured / Std / Nil / NA

Sp Reading: 58P02 T.Radio Insured / Std / Nil / NA

Eng No:

C No. RU1 - 1019766

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: 215/60R16

R:

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

Front			Rear		
R.Bal.	3	mm	R.Bal.	6	mm
L.Bal.	3	mm	L.Bal.	6	mm
D.O.A.	29/12/17.		D.O.I.	3/1/18	

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

4/1 File pass to Catherine

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. $

[ ] $

[ ] $

[ ] $

Report Format:

Lump Sum: LB