15/5/2010

INS. CASE OWNER: CC6 / AIG18000219 / Wilson

LKK:

IDAC:

ASSIGNMENT

Surveyor: Wilson DOI: 29/12/17 Date / Time : 29/12/17

Registered in Merimen: 04/01/18

Pre-assign / CCU / FTE

Insured Vehicle No. : GBB 8511K

Name of Insured :

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 22/12/17

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**

SLM 535M →

INSRS:
WSP: 1st Auto
Tel :
Liability :
RMKS:

→

INSRS:
WSP:
Tel :
Liability :
RMKS:

→

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SLM 535M - X ; GBB 8511K

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. :
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$:

If NO or B 28, Ass. Lia :

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

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:	

Wilson

ASSIGNMENT

AIG

From: Date:

Estimated Cost

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

To Inspect Vehicle No. SLM 535 M

at Workshop m/s 1st Auto Work

of 23 Kaki Bukit Ave 4 #04-

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
X	X

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

Vehicle: IN / OUT

Date: Person Contacted

Veh No SLM 535 M 1st Regn 14/3/201

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

Make Chevrolet Cruze cc 1362

Colour Dark Grey A/C Insured / Std / NI / NA

Sp.Reading 8833 T Radio Insured / Std / NI / NA

Eng No

C/No KL1JA6989GK353962

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: 205/60R16

R: 205/60R16

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Hankook (F) / (R)

Front		Rear	
R/Bal.	4 mm	R/Bal	4 mm
L/Bal.	4 mm	L/Bal	4 mm

D.O.A. 22/12/2017 D.O.I. 29/12/2017

Survey held at As Above

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
	Quotation Given

Date/Time File Passed: [ ] : Prell. Report

[ ] : Final Report

Date/Time File Returned:

Days Of Repair:

Resurvey No. of Trip:

Add Fee: [ ] Site Insp $

[ ] Interview $

[ ] Tech Invs $

[ ] Weekend $

Survey Fee

Transportation

Photos

Total

Report Format :

Lump Sum / I.B.I: $