

INS. CASE OWNER:

CC 4/AIG1800 0935 / Kua3

LKK:

IDAC:

Surveyor:

Kenneth

DOI:

ASSIGNMENT

16-1-18

Date / Time:

16-1-18

Registered in Merimen:

16-1-18

Pre-assign / CCU / FTE

SKQ 3161D



Insured Vehicle No. :

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :SS

D.O.A: 6/1/18

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

SLP 9503E



INSRS:

WSP:

Tel :

Liability :

RMKS:

Hui-Cang



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

SLP 9503E - X; SKQ 3161D - 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 ☐

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\$

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

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:

REF: AIG

ASSIGNMENT

From: _____ Date: 16/01/2018

Estimated Cost: _____

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

To inspect Vehicle No: SLP9503E

at Workshop no: Hui Yang
of BLK176 Sin Ming Drive # 01-02

Insured: _____

Policy No: _____

Claims No: _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Vehicle: _____

(Policy Condition)

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

Bal. or Market Value: _____

IDAC Accident Report: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

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

Lum Sum: 22 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS 'wp'

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Van No: SLP9503E Reg: 06 17

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

Truck / Trailer or

Make: Toyota Prius cc 1797

Colour: M.S. White A/C Insured / Std / NI / NA

Sp/Reading: 50841 T-Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: 8 VW 40 0024785

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod.: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 205/80R16

R: _____

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

TOYO / YOKO or

Front

R/Bal: 7 mm

L/Bal: 7 mm

D.O.A.: 6/1/18

Rear

R/Bal: 7 mm

L/Bal: 7 mm

D.O.A.: 16/1/18

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

17/1 Rk pass to Customer

Date/Time File Pass to?

☐

Preli. Report

☐

Final Report

Date/Time File Return to?

Days Of Repair:

Resurvey No. of Trip:

Survey Fee

Transporter

D-RS

Phone

Site

To Do

Report Format:

Lump Sum / I.B.I. \$

Add Fee:

☐

Site Insp. \$

☐

Interview \$

☐

Tech. \$

☐

Cleaned \$