15/5/2010

INS. CASE OWNER: CC 4 /AIG1800 0988 / AY603

LKK:
IDAC:

ASSIGNMENT

Surveyor: Adrian   DOI: 16/1/18   Date / Time : 16/1/18

Registered in Merimen: 16/1/18

Pre-assign / CCU / FTE

Insured Vehicle No. :	SLN 9505	Claim No. :	
Name of Insured :		Policy No. :	
Insured Tel No. :	HP:	Make / Model :	
Excess Sec II :S$	D.O.A : 12/1/18	Place of Accident :	
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**

SKG 8959P → ______ → ______ → ______

INSRS: Joo Hak Kee	INSRS:	INSRS:	INSRS:
WSP:	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	
	SKG8959P – CS/GA/1601943/AV602 DOA: 13/10/16
	SLN9505-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$		1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$	(e.g. Tow/ Independent)	2) Report Format:
Legal Cost	S$		3) Survey fee:
Total:	**S$**	**Global Sum S$:**	
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: SKG8959P

at Workshop M/s: Joo Hak Kee

of: 3007 Ubi Rd 1, # 01-406

Insured:

Policy No:

Claims No:

Sum Insured: Excess:

(Clients Record): After 2pm

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 Report: Consistent? : Yes or No

GIA / PP Seen: Consistent? : Yes or No

Est. Repairs: days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

OA / REV / REP. / 24 HRS (up)

Vehicle IN / OUT

Date: Person Contacted:

Veh No: SKG8959P. Reg: 2012 Oct

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

Make: Nissan March CC: 1198

Colour: Red. NCD: Insured / Std: NIL / NA

Od Reading: 49337. T Pass Insured / Std: NIL / NA

Eng No:

Ch No: MNTFBUK13Z0025838

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: 205/45R16

R: 205/45R16.

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

Front		Rear	
R.Bal:	06 mm	R.Bal:	06 mm
L.Bal:	06 mm	L.Bal:	06 mm
D/C A:		D/C:	16/01/18

Survey held at: JHK.

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
		TP AIG.

Date/Time File Pass to:

: Preli. Report

: Final Report

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Date/Time File Return to:

Add Fee:

Request Format:

Lump Sum / I.B.N.R.: