15/5/2010

INS. CASE OWNER: CC4 / AIG1800 1834 / T/ USS

LKK:

IDAC:

ASSIGNMENT

Surveyor: TAUFIKH DOI: 01/02/18 Date / Time : 30/01/18

Registered in Merimen: 30/01/18

Pre-assign / CCU / FTE

Insured Vehicle No. : SCF 30802 Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 28/01/18 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

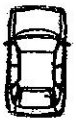
Driver Tel No. : (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

SBS 3334T →

INSRS:
WSP: Tower Transit
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SBS 3334T - X ; SCF 30902 - 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 + LO ☐ **[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:	

Tayfun AIG

ASSIGNMENT

From Date 01/02/18

Estimated Cost

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

To inspect Vehicle No SBS 3334T

at Workshop m/s Tower Transit

of

Insured

Policy No

Claims No

Sum Insured. Excess

(Clients Record

Make of Veh [struck out] 4pm

(Policy Condition)

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

N/S	O/S

Bal. or Market Value.

(DAC Accident Report: 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 lup'

Date Person Contacted Vehicle IN / OUT Shaifun

Reg. No SBS 3334T Reg.

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

Make Volvo.

Colour Green. Insured / Std / Nil / NA

Od Reading 276929 / Radio Insured / Std / Nil / NA

Eng No

C/No YV3S4P929DA158915.

Gen. Cond. (Good) / Fair / Poor / Burnt

Steering (Inorder) / Jammed / Leaked / Burnt or

Brake (Inorder) / Jammed / Leaked / Burnt or

Mod (Nil) / S/Rim STD A/Rim or

Tyre Size F: 275/70R22.5

R: "

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

Front			Rear		
R/Bal.	8	mm	R/Bal.	8/8	mm
L/Bal.	8	mm	L/Bal.	8/8	mm
D.C.A.			D.D.	1/2/18	

Survey held at Tower Transit

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

w/s will submit GIA & estimate

Date/Time File Pass to : Preli. Report Days Of Repair:

: Final Report Resurvey No. of Trip

Date/Time File Returned Survey Fee

Add Fee:

Report Format:

Lump Sum