15/5/2010

INS. CASE OWNER: | CC 4 / LCR18002/17 1Gjs3 | LKK:
IDAC:

ASSIGNMENT

Surveyor: XGQ   DOI: 02/02/18   Date / Time : 01/02/18
Registered in Merimen: 02/02/18

Pre-assign / CCU / FTE

Insured Vehicle No. :	SKU 2046P	Claim No. :	
Name of Insured :	LCR	Policy No. :	
Insured Tel No. :	HP:	Make / Model :	
Excess Sec II :S$	D.O.A : 31/01/18	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**

CB 7343T ——→ SKU 2046P (OI) ——→ SLF 105H (TP) ——→ ______

INSRS:	INSRS:	INSRS:	INSRS:
WSP:	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	
	SLF 105H - X
	SKU 2046P - CS/SM018002036/MQ6 DOA: 31/01/18
	- CV1/VAL16003028/VQ2 DOA: -

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			
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:	

Vezel. AIG

ASSIGNMENT

From: Date 2/2/18

Estimated Cost

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

To inspect vehicle no SLF105H

at Workshop name Tong Ah Swee

of Blk 2 Kranji Loop

Insured

Policy No

Claims No

Sum Insured: Excess:

Client's Record Awee Kem @ 63660286

Make of Veh

Policy Condition

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

N/S	O/S
	(circled)

Bal. or Market Value

LDAC Accident Rport: Consistent? : Yes or No

G.A. PP Seen: Consistent? : Yes or No

Est. Repairs. days Res.: Yes or No

Lum Sum % 3 Val: Yes or No

CA / REV / REP. / 24 HRS Wp'

Vehicle IN / OUT

Date Person Contacted

Veh No SLF105H Reg

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

Make Honda vezel

Colour white A/C Insured Std / N / NA

SD Reading 43233 TP A/C Insured / Std / N / NA

Eng No

C No RU1111 5213

Gen Cond (Good) / Fair / Poor / Burnt

Steering (In order) / Jammed / Leaked / Burnt or

Brake (In order) / Jammed / Leaked / Burnt or

Mod: Nil / S Rim / (S/T) A/Rim or

Tyre Size F: 215/60R16

R: "

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

Front: R.Bal 7 mm; L.Bal 7 mm

Rear: R.Bal 7 mm; L.Bal 7 mm

D.O.A.

D.O.I. 02-02-18

Survey held at w/s 5:30pm

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

Date/Time File Passed to: [ ] Preli. Report

[ ] Final Report

Days Of Repair

Resurvey No. of Trip

Survey Fee

Date/Time File Return to:

Add Fee: [ ] Standard $

[ ] $

[ ] $

[ ]

Report Format

Lump Sum