

INS. CASE OWNER:

CC4 UR
AIG 1800 2682, R1 y63

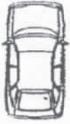
LKK:
IDAC:

Surveyor: Dasm

DOI: ASSIGNMENT
1/2/18

Date / Time : 9/7/18
Registered in Merimen: 9/7-18

Pre-assign / CCU / FTE



Insured Vehicle No. : SLG 9385B

Claim No. : _____

Name of Insured : UR

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 02/07/18

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

FBM 40189



INRS: 5998
WSP:
Tel :
Liability :
RMKS:



INRS:
WSP:
Tel :
Liability :
RMKS:



INRS:
WSP:
Tel :
Liability :
RMKS:



INRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
<u>FBM 40189 - 6</u>	Non-Reporting ltr (1st):	
<u>SLG 9385B - 44/UR/2018/277 / Foblyr van-7/9/17</u>	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)	<input type="checkbox"/> <input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/> <input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/> <input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/> <input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/> <input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
	PIR:	<input type="checkbox"/> <input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
	LOD	<input type="checkbox"/> <input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
PRELIMINARY ADVICE Date/Time: _____ Sent By: _____	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
	Others:	<input type="checkbox"/> <input type="checkbox"/>
FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____		
Repair Cost: S\$ _____ (_____ days) Reduction: _____ % Email <input type="checkbox"/> Call <input type="checkbox"/>		
FINAL SETTLEMENT Date/Time: _____ Confirm with: _____ Email <input type="checkbox"/> Call <input type="checkbox"/>		
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 <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]		
GIA/LTA Search S\$ _____		
Medical: S\$ _____		
Disbursement: S\$ _____ (e.g. Tow/ Independent)	1) Claim status: Normal/Reject/Private Settle	
Legal Cost S\$ _____	2) Report Format:	
Total: S\$ _____ Global Sum S\$: _____	3) Survey fee:	
FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email <input type="checkbox"/> Call <input type="checkbox"/>		
Payee 1: S\$ _____ Name 1: _____		
Payee 2: (Strike if N.A.) S\$ _____ Name 2: _____		
Payee 3: (Strike if N.A.) S\$ _____ Name 3: _____		

Rasu
PRS

REF: AIG

ASSIGNMENT

From: _____ Date: 9/2/18
Estimated Cost: _____
OD (TP) WS / TP RES / OD RES / EVA / INV / MV
To inspect Vehicle No: FBM 4018G
at Workshop m/s: SG 98 Motor
of BIK 4001, AMK Ind. Prk I # 01-21
Insured: _____
Policy No. _____
Claims No. _____
Sum Insured: _____ Excess: _____
(Client's Record)
Make of Veh: _____

Veh No: FBM 4018G Yr Regr: _____
Type: M/Car / M/Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or _____
Make: Vespa
Colour: Black A/C Insured / Std / NI / NA
Sp. Reading: 37863 T/Radio Insured / Std / NI / NA
Eng/No: _____
C/No: _____
Gen. Cond: Good / Fair / Poor / Burnt
Steering: Order / Jammed / Leaked / Burnt or _____
Brake: Order / Jammed / Leaked / Burnt or _____
Modi: Nil / SRim / STD A/Rim or _____

(Policy Condition)
Remark: The veh had commenced its repair at the time of inspection.
Bal. or Market Value: _____
IDAC Accident Rpt: _____ 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 ^{wp}
Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Tyre Size: F: 120/70-12
R: 130/70-12
SS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or _____
Front: _____ Rear: _____
R/Bal. 3 mm R/Bal. 3 mm
L/Bal. _____ mm L/Bal. _____ mm
D.O.A. 7/2/2018 D.O.I. 9/2/2018
Survey held at: At Above
Des. of Damages: Rear / O/S / N/S / U/C / Rooftop or _____
The U/C / Chassis frame / Body Structure affected due to collision

N/S	O/S
N/S	O/S

Date / Time	Action / Instruction
9/2/2018	Repair Estimate workshop will send to Rasu

Date/Time: File Pass to? : Preli. Report
 : Final Report
Date/Time: File Return to? _____
Report Format: _____
Lump Sum / I.B.I: (\$ _____)
Days Of Repair: _____
Resurvey No. of Trip: _____
Survey Fee: _____
Transportation: _____
Add Fee: Site Insp (\$ _____)
 Interview (\$ _____)
 Techn. Ins (\$ _____)
 Weekend (\$ _____)
Photos: _____
Cost: _____
TOTAL: _____