15/5/2010

INS. CASE OWNER: CC 3 / AIG1800 3053 / R/WS3 | LKK: | IDAC:

ASSIGNMENT

Surveyor: RASUL DOI: 13/02/13 Date / Time : 13/02/13

Registered in Merimen: 13/02/13

Pre-assign / CCU / FTE

Insured Vehicle No. : SLN 9701K Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 12/02/13 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**

SHB 1874H → → →

INSRS: WSP: GMR7 Cwoodlands Tel : Liability : RMKS:

INSRS: WSP: Tel : Liability : RMKS:

INSRS: WSP: Tel : Liability : RMKS:

INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	SHB 1874H - CS/TIT0901242 8/TLW21 DOA: 03/06/09
	- NA/LPC1601650 2 1-3 DOA: 07/09/16
	- NJM/INC 0803372, 1Z41 DOA: 23/12/08
	SLN 9701K - 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:	

Rosnie | REF:

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m s:

of:

Insured:

Policy No:

Claims No:

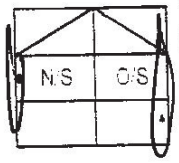
Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Bal. or Market Value:

IDAC Accident Rport: 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

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SHB 1874H Reg: 2014 July

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

Truck / Trailer or

Make: TOYOTA PRIUS Model: 1991

Colour: Maroon A/C: Insured / Std / NI / NA

Sp.Reading: 375826 T.Radio: Insured / Std / NI / NA

Eng.No:

C.No: JTDKN36U405-747075

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: 195/65R15

R:

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

Front		Rear	
R.Bal.	5 mm	R.Bal.	5 mm
L/Bal.	5 mm	L/Bal.	5 mm
D.O.A.	12/02/18	D.O.I.	13/02/18

Survey held at SMRT

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
			02/18/2085
			AIG
			SLN9701K

Date/Time File Pass to:

Date/Time File Return to:

: Preli. Report

: Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee: Site Insp $ / Urgent $ / Tech Fee $ / Assessing $

Survey Fee

Transportation

Report Format :

Lump Sum / I.B Items