15/5/2010

INS. CASE OWNER: CC 4 / AIG1800 3526 / G wa3

LKK:

IDAC:

ASSIGNMENT

Surveyor: KGB DOI: 23/1/18 Date / Time : 22/02/18

Registered in Merimen: 23/02/18

Pre-assign / CCU / FTE

Insured Vehicle No. : SLS 2167Y Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 20/01/18 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**

SLB 9212T →

INSRS: WSP: Trucks Cars Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	SLB 9212T - X ; SLS 2167Y - 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:	

Surveyor: XML. REF: AIG

ASSIGNMENT

From: Date: 23/2/18

Estimated Cost:

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

To Inspect Vehicle No: SLB9219T

at Workshop m/s: Jack Cars

of: Blk 3007, Ubi Rd 1 #01-450

Insured:

Policy No:

Claims No:

Sum Insured: Excess:

(Client's Record) Thana

Make of Veh:

(Policy Condition)

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

N/S (circled)	O/S

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 'wp'

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SCB9212T 1st Regn: 27 Apr 2016

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

Make: Nissan Note cc: 1198

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

Sp.Reading: 6129 T/Radio: Insured / Std / NI / NA

Eng No:

C/No: JN1TBAE128 098 2436

Gen. Cond: G(ood) / Fair / Poor / Burnt

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

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

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

Tyre Size: F. 185/65 R15

R. "

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

Front		Rear	
R.Bal. 7	mm	R.Bal. 7	mm
L.Bal. 7	mm	L.Bal. 7	mm
D.O.A.		D.O. 23-02-18	

Survey held at: w/s 12pm

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 Pass to: ☐ Preli. Report

☐ Final Report

Date/Time File Return to:

Days Of Repair:

Resurvey No. of Trip:

Survey Fee

Transportation

Add Fee: ☐ Stationery $

☐ Interim $

☐ Technical $

☐ Mileage $

Report Format:

Lump Sum / I.B. $