15/5/2010

INS. CASE OWNER: CC 4/AIG1800 4TW / A mb3

LKK:

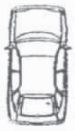
IDAC:

ASSIGNMENT

Surveyor: Adrian DOI: ~~04/12/18~~ Date / Time : 12/12/18

Registered in Merimen: 13/12/18

Pre-assign / CCU / FTE



Insured Vehicle No. : SJY 9034

Name of Insured :

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 09/01/18

Is driver the owner? (YES / NO)

Claim No. :

Policy No. :

Make / Model :

Place of Accident :

Nature of Accident :

If **NO**, Driver Name / Age :

Driver Tel No. : (V/L: YES / NO)

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % **Final ? Yes / No**

SJV 3630C → → →

INSRS:
WSP: Torque 5
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SJV3630C→ SJY9034→

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:	

Survey REF: AIG

ASSIGNMENT

From: Date: 13/3/18

Estimated Cost:

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

To Inspect Vehicle No: SJV 3630C

at Workshop m/s: Torque 5

of: 8 Kaki Bkt Ave 4 #01-49

Insured:

Policy No:

Claims No:

Sum Insured: Excess:

(Client's Record) After 2pm

Make of Veh:

(Policy Condition)

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

N/S	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 lup

Vehicle IN / OUT

Date: Person Contacted:

Veh No: SJU3630C Reg: 2010 Jan.

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

Make: Mazda 3 cc: 1598

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

Sp.Reading: 121251 T Radio Insured / Std / NI / NA

Eng/No:

C/No: JM6BL10Z1A0114935

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: 215/45R17

R: 215/45R17.

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

Front			Rear		
R/Bal.	06	mm	R/Bal	06	mm
L/Bal.	06	mm	L/Bal	06	mm
D.O.A.			D/O	13/03/18	

Survey held at: Torque 5.

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

Front o/s.

The U/C / Chassis frame / Body Structure affected due to collision

Date / Time Action / Instruction

TP AIG.

MV: 25K

PV: 15.7K

Nett: 9.3K

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: [ ] Stein... $

[ ] ... $

[ ] Tech... $

[ ] ...ekend $

Report Format:

Lump Sum / I.B ... $