15/5/2010

INS. CASE OWNER: | CC 4/~~AIG~~ UR 1800 4839, KW63 | LKK: IDAC:

ASSIGNMENT

Surveyor: RSC DOI: 13/3/18 Date / Time : 13/3/18

Registered in Merimen: 14/3/18

Pre-assign / CCU / FTE

Insured Vehicle No.	: SLH 7144m		Claim No.	:
Name of Insured	: UR		Policy No.	:
Insured Tel No.	:	HP:	Make / Model	:
Excess Sec II :S$		D.O.A : 9/3/18	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**

GBE 4480X ⟶ ________ ⟶ ________ ⟶ ________

INSRS: Chiang leong motor WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	GBE4480X – X
	SLH 7144m – MA/01417016568/FEP DOA. 28/8/17

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:	

REF: AIG

ASSIGNMENT

From: Date: 15/3/18

Estimated Cost:

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

To Inspect Vehicle No: GBE 4480X

at Workshop m/s: Chang Leong Motor

of: 10 Amk Ind. Park 2A # 03-15

Insured:

Policy No:

Claims No:

Sum Insured: Excess:

(Client's Record: Morning

Make of Ver:

(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: 6-8 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS 'wp'

Date: Person Contacted: Vehicle IN / OUT

Veh No: GBE 4480X Reg: 12 15

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

Make: NIS NV350 Yr: 2018

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

Sp Reading: 68310 T Radio Insured / Std / NI / NA

Eng No:

C No: JN1MC2E26B 0005391

Ger Cond: Good / Fair / Poor / Burnt

Steering: Inoper / Jammed / Leaked / Burnt or

Brake: Inoper / Jammed / Leaked / Burnt or

Mod: Ori / S.Rim / STD A/Rim or

Tyre Size F: 195R15 xd

R: —

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

Front		Rear	
R.Bal:	7 mm	R.Bal:	4 mm
L.Bal:	7 mm	L.Bal:	4 mm
D/O/A:	9/3/18	D/O:	15/3/18

Survey held at: ✓

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

Rear o/s

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

Date	Time	Action / Instruction
16/3		File pass to Catherine.

Date/Time File Pass to:

: Preli. Report

: Final Report

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Date/Time File Return:

Add Fee:

Report Format:

Lump Sum / Item / $