

Ming Yao

Surveyor:

Kenneth

DOI:

ASSIGNMENT

15/5/18

Date / Time :

14/05/2018

Registered in Merimen:

21/05/18

Pre-assign / CCU / FTE



Insured Vehicle No. : SLR 6800 G

Claim No. : 20349060756

Name of Insured :

Policy No. : 17000 26439 box

Insured Tel No. : HP: D.O.A: 11/5/18

Make / Model :

Excess Sec II : SS D.O.A: 11/5/18

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

SKY 5766B



INSRS: WSP: Tel: Liability: RMKS: pe Auto.



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Date/ Time		STAGE	DATE / PIC
	SKY 5766B - X	Non-Reporting ltr (1st):	
	SLR 6800 G - CE3/MW/2008 29/A-16, W.O. 11/5/18	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\$	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 <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:		

ASS. REC. BY:

REF: CS/AIG18008785/Kqdb

Special Instruction:

Surveyor: Kenneth

ASSIGNMENT (Office)

From (Person): Lim Steng Yang of AIG

Date/Time: 14/5/18 @ 1:35pm

Estimated Cost: Bill to:

OD TP WS TP RES OD RES EVA INV MV CS

To Inspect Vehicle No: SGY 5766 B

Insured: SLR 6800G

at Workshop m/s RC Auto

Tel: 9761 9383

of 160 Sin Ming Drive # 06-20

Policy No: Claim No: SGY 5766 B / RCA / jp / ca

Sum Insured: Excess:

Make of Veh: D.O.A. 11/05/2018
(Client's Record)

CA / REV / REP. / REV 24 HRS

wp

H.O.D. Endorsement:

Date/Time: 9:15am @ 15/5/18 Person Contacted: Mr. Tan

Vehicle IN OUT

Date/Time	Action/Instruction (<input checked="" type="checkbox"/>) Estimate
	SGY 5766 B - X
	SLR 6800G - X



