| INS. CASE OWNER: | CC4 / AIG 1800 9413 , R/ ha3 | LKK: |
| | | IDAC: |

Surveyor: _RASUL_ DOI: 22/5/2018 **ASSIGNMENT**

Date / Time : 22/05/2018
Registered in Merimen: 23/05/2018

Pre-assign / CCU / FTE
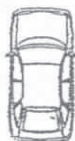
Insured Vehicle No. : SGZ 6051 T   Claim No. : _____

Name of Insured : _____   Policy No. : _____

Insured Tel No. : _____ HP: _____   Make / Model : _____

Excess Sec II :S$ _____ D.O.A : 13/5/2018   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 4603 G → _____ → _____ → _____ →

| INSRS: WSP: Chew hoon Tel : Liability : RMKS: | INSRS: WSP: Tel : Liability : RMKS: | INSRS: WSP: Tel : Liability : RMKS: | INSRS: WSP: Tel : Liability : RMKS: |

Date/ Time		STAGE	DATE / PIC
	SLB 4603 G	Non-Reporting ltr (1st):	
	SGZ 6051 T } NB/01/61800878/RS ; DOA: 13/05/18	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)		
		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:		

PRELIMINARY ADVICE Date/Time:	Sent By:	Post-Repair Photos:		
		Others:		

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:	

ASSIGNMENT

From:	Date:	Veh No: SLB 4603G	Yr Regn: 2016 / Auh

Estimated Cost:

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

To Inspect Vehicle No: SLB 4603G

at Workshop m/s CHew hoon MOTOR

of Autopoint #01-15

Insured: AIG/TP

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.**

	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

Vehicle: IN / OUT

Date: Person Contacted:

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

Make: TOYOTA COROLLA AXIO 15   c.c 1496

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

Sp.Reading 73|31   T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: NRE161 0010568

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: 185/60R15

R:

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

Front		Rear	
R/Bal. 5	mm	R/Bal. 5	mm
L/Bal. 5	mm	L/Bal. 5	mm
D.O.A. 13/05/18		D.O.I. 22/05/18	
Survey held at	CHew hoon MOTOR		

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

O/S FRT

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

Date / Time	Action / Instruction

Date/Time, File **Pass** to?   ☐ : Preli. Report

1)   ☐ : Final Report

Date/Time, File **Return** to?

2)

Report Format :

Lump Sum / I.B.I: ($)

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($

☐ : Interview ($

☐ : Tech. Invs ($

☐ : Weekend ($

Survey Fee:	
Transportation	
) S + RS SI	
) Photos	
) Others	
)	
TOTAL	