

15/5/2010

INS. CASE OWNER:

CC 3^{UP} / AIG 1801 0427, Vwb3LKK:
IDAC:

Surveyor:

Sathya

DOI:

ASSIGNMENT

6/6/18

Date / Time :

6/6/18

Registered in Merimen:

7/6/18

Pre-assign / CCU / FTE



Insured Vehicle No. : SLC 5883C

Claim No. : _____

Name of Insured : UP

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$\$ D.O.A : 5/6/18

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 5763P

INSRS:
WSP:
Tel : Smet
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/Time	STAGE	DATE / PIC
SLB 5763P-X	Non-Reporting ltr (1st):	
SLC 5883C-X	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: \$\$	(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: \$\$		
Loss of Rental (LOR): \$ (days)		
Loss of Use (LOU): \$ (x days)		
Loss of Income (LOI): \$ (x days)		
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LO ☐ [Tick only one]		
GIA/LTA Search: \$		
Medical: \$		1) Claim status: Normal/Reject/Private Settle
Disbursement: \$	(e.g. Tow/ Independent)	2) Report Format:
Legal Cost: \$		3) Survey fee:
Total: \$	Global Sum \$:	
FINAL PAYMENT Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1: \$	Name 1:	
Payee 2: (Strike if N.A.) \$	Name 2:	
Payee 3: (Strike if N.A.) \$	Name 3:	

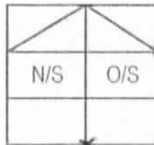
Signature

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: _____
 at Workshop m/s _____
 of _____
 Insured: _____
 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.



Bal. or Market Value: _____
 IDAC Accident Rpt: _____ 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: _____

Veh No: **SHB 5363 P** Yr Regn: **DEC / 2017**
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: **Toyota Prius 4** C.C. **1798**
 Colour **Maroon** A/C: Insured / Std / NI / NA
 Sp.Reading **60318** T/Radio: Insured / Std / NI / NA
 Eng/No: **2ZR8260380**
 C/No: **5TDKB3FU603576687**
 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: **195/65 R15**
 R: **195/65 R15**

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

Front		Rear
R/Bal. 6 mm		R/Bal. 6 mm
L/Bal. 6 mm		L/Bal. 6 mm
D.O.A. 5/6/2018		D.O.I. 6/6/2018

Survey held at **SMRT**

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

TAX / 06 / 18 / 2018

AIG

- SLC 5883 C

Date/Time, File Pass to?

☐ : Preli. Report
☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

1)

Date/Time, File Return to?

Transportation:

2)

Add Fee: ☐ : Site Insp (\$)

☐ : Interview (\$)

☐ : Tech. Invs (\$)

) \$ + RS, SI

) Photos

) Others

Report Format :

Form 100 / 100 / 100