

15/5/2010

INS. CASE OWNER:

Hosiah

CC6 /AIG1801

1257, A1629

LKK:

IDAC:

Surveyor:

Adrian

DOI:

ASSIGNMENT

20/6/18

Date / Time:

20/6/18

Registered in Merimen:

21/6/18

Pre-assign / CCU / FTE



Insured Vehicle No.:

SCU 1801C

Name of Insured:

TAN TAN LOO

Insured Tel No.:

HP:

97784643

Excess Sec II :SS

D.O.A.:

16/6/18

Is driver the owner?

(YES / NO)

Nature of Accident:

Claim No.:

677764W1054

Policy No.:

200278776-02000

Make / Model:

MERCEDES

Place of Accident:

TUNE OF BLAIR RD SPITTSWOOD RD
PARE RD

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

SLR 38815

INSRS:
WSP:
Tel:
Liability:
RMKS:Success
UnitedINSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:

Date/ Time

STAGE

DATE / PIC

25/6/18
Pohkin28/6/2018
5.40pmSpoke to OI (Ms Tan) w/ mention come out from
Minor Road. told her liability is down against us. Internal
TP claim out ACD issue. Send letter to OI. OI agree to
settle and waive ACD issue.

28/6/2018 pass Hk to type mandate

8/2/2019 * AIG reimburse COR to \$17,350.00 and TP
reparer agree with it *

before part photo

Non-Reporting ltr (1st):

Non-Reporting ltr (2nd):

Non-Reporting ltr (Final):

Notification ltr (if non-pickup):

Call OI:

After call ltr to OI:

3-28/6/2018

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 /GLA:

Medical Bill:

PIR:

Mandate/Reject Instruction:

LOD

Payment Breakdown Form:

Post-Repair Photos:

Others:

PRELIMINARY ADVICE

Date/Time:

31/7/2018

Sent By:

CPK

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

S\$ 17,350.00

(12 days)

Reduction:

54 %

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with

Srinu

Email

Call

Final Liability:

%

100

(Agreed / Assessed)

BOLA S/N No.:

4

If NO or B 28, Ass. Lia:

Repair Cost:

(w/1757)

S\$ 13,564.50

(AIG instruction)

OI come out from Minor Road
(stop line)

Loss of Rental (LOR):

S\$ 1,400.00

(14 days)

x \$100.00

Loss of Use (LOU):

S\$ -

(S x days)

Loss of Income (LOI):

S\$ -

(S x days)

LOR only

LOU only

LOR + LOU

LOR + LO

[Tick only one]

GLA/LTA Search

S\$ 2.00

Medical:

S\$ -

Disbursement:

S\$ -

(e.g. Tow/ Independent)

Legal Cost

S\$ -

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

\$320.00 + \$20.00

Total:

S\$ 19,766.50

Global Sum S\$:

19,950.00

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

S\$ 19,950.00

Name 1:

Success United Pte Ltd

Payee 2: (Strike if N.A.)

S\$ -

Name 2:

Payee 3: (Strike if N.A.)

S\$ -

Name 3:

REF:

REC. BY: Adrian Ling

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.

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 12 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SLR3881S Yr Regn: 2017 / AugustType: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Honda Shuttle C.C. 1496Colour: Silver A/C: Insured / Std / NI / NASp. Reading: 1894 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: GK81103309Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 205/45R17R: 205/45R17BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front _____ Rear _____

R/Bal. 06 mm R/Bal. 06 mmL/Bal. 06 mm L/Bal. 06 mmD.O.A. _____ D.O.I. 20/06/18Survey held at Success UnitedDes. of Damages: Frnt / Rear / O/S / N/S / U/C / Rooftop or

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

Date / Time	Action / Instruction
	<u>TP ALG.</u>
	<u>MV: 80K</u>
	<u>PV: 44K</u>
	<u>Nett: 36K</u>
	<u>6/5/ \$: 17,600.00</u>
	<u>(Red) \$ 21,044.02 / 54%</u>

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

Report Format:

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

Add Fee: ☐ : Site Insp (\$)☐ : Interview (\$)☐ : Tech. Invs (\$)☐ : Weekend (\$)