

INS. CASE OWNER:

1 Cay Cay

CC 4/LCR 180 11966, Kwa3

LKK:

IDAC:

Surveyor:

KSC

DOI:

ASSIGNMENT

3/7/2018

Date / Time :

2/7/2018

Registered in Merimen:

2/7/2018

Pre-assign / CCU / FTE

SLH 1283J



Insured Vehicle No. :

Name of Insured :

Insured Tel No. :

HP:

Excess Sec II :SS

D.O.A :

Is driver the owner?

(YES / NO)

Nature of Accident :

Claim No. :

Policy No. :

Make / Model :

Place of Accident :

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

SBG 7772Z



INSRS:

WSP:

Tel :

Liability :

RMKS:

complete
vms

INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

SBG 7772Z - X;
SLH 1283J - CC 4/LCR 180 11966, Kwa3; PVA: 28/5/17

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\$

Disbursement:

S\$

(e.g. Tow/ Independent)

Legal Cost

S\$

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

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:

Surveyor

ASSIGNMENT

From: _____ Date: 03/07/2018

Estimated Cost: _____

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

To Inspect Vehicle No: SBG 77727

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

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SBG 77727 Yr Regn: 01 / 07

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

Truck / Trailer or

Make: Bmw

523i

C.C

2497

Colour

M. Blue

A/C:

Insured / Std / NI / NA

Sp. Reading

99577

T/Radio:

Insured / Std / NI / NA

Eng/No: _____

C/No: _____

WBA NE 32050CM 75600

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:

245/40ZR18

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal.

7

mm

R/Bal.

7

mm

L/Bal.

7

mm

L/Bal.

7

mm

D.O.A.

29/6/18

D.O.I.

31/7/18

Survey held at

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

4/7 File sent to Customer

Date/Time, File Pass to?

☐

Preli. Report

☐

Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

Report Format :

Dump Sum / I.B.I: (\$



COMPLETE VMS PTE LTD The Premier One-Stop Vehicle Accident Claims Centre
176 Sin Ming Drive, #03-14, Sin Ming Autocare Complex, Singapore 575721
(Tel) 6455 0012 (Fax) 6554 0012 (Web) www.completevms.com.sg

NOTICE OF ACCIDENT

Your Ref : SLH1283J
Our Ref : SBG7772Z

29th June 2018

BY FAX 6835 7416 ONLY

AIG ASIA PACIFIC INSURANCE PTE LTD

78 Shenton Way
#07-16 Chartis Building
Singapore 079120

Attention: Motor Claim Department

Dear Sir,

ACCIDENT INVOLVING SBG7772Z AND SLH1283J ON 29/6/2018 ALONG TRAFFIC JUNCTION OF AMK AVE 1 / LORONG CHUAN AT ABOUT 14:15 HRS.

We act for **YEUNG WAI CHUNG, HENRY** owner of vehicle no. **SBG7772Z** with instruction to repair the vehicle.

Please be informed that the said vehicle can be inspected at:-

Venue	Complete VMS Pte Ltd 176, Sin Ming Drive, #03-14, Singapore 575721
Contact person	Ms Lily / Li Hui (Tel: 6455 0012)
Email	lihui@completevms.com.sg

If you fail to conduct the pre-repair inspection within the next 2 working days excluding any intervening Saturday, Sunday or Public Holiday, the said workshop will commence repairs thereafter without further reference to you. Please note that there will also be a storage charge of \$60 per day on the 2 day notice period commencing from the date of this letter.

Your Faithfully

Please acknowledge :-

li hui
Complete VMS Pte Ltd

Appointed Surveyor: *Kenneth*
Date & Time: *31/7/18 10.55am*