

15/5/2010

INS. CASE OWNER:

CC6 /AIG1801

LKK:

IDAC:

Surveyor:

marcus

DOI:

ASSIGNMENT

12/3/18

Date / Time :

12/3/18

Registered in Merimen:

12/3/18

Pre-assign / CCU / FTE

SLQ 16724



Insured Vehicle No. :

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :\$

D.O.A :

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

SEA 91076



INSRS:

WSP:

Tel :

Liability :

RMKS:

Admin



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time	STAGE	DATE / PIC
SEA 91076-4	Non-Reporting ltr (1st):	
SLQ 16724-4	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:
Repair Cost:	\$	(days)	Reduction: %
		Email	Call
FINAL SETTLEMENT		Date/Time:	Confirm with:
Final Liability:	%	(Agreed / Assessed)	BOLA S/N No. :
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:	\$		
Disbursement:	\$	(e.g. Tow/ Independent)	
Legal Cost	\$		
Total:	\$	Global Sum \$:	
FINAL PAYMENT		Date/Time:	Confirm with:
Payee 1:	\$	Name 1:	
Payee 2: (Strike if N.A.)	\$	Name 2:	
Payee 3: (Strike if N.A.)	\$	Name 3:	

(08/11/13) wef

ASS. REC. BY:

REF:

AIG

ASSIGNMENT

From:

Date:

17/07/2018

Estimated Cost:

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

To Inspect Vehicle No:

SKA 9107 G

at Workshop m/s

Abwin Service

of

No. 8 Kaki Bkt Ave 4 #07-18 Premier

Insured:

SL 016724

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

after 11am

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:

506

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

2

days

Res.:

Yes or No

Lum Sum:

%

3 Val.:

Yes or No

CA / REV / REP. / 24 HRS ^{up}

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SKA 9107 G

Yr Regn:

Y11

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

Truck / Trailer or (A)

Make:

Volkswagen Golf GTI c.c

1984

Colour

Black

A/C: Insured / Std / NI / NA

Sp. Reading

14858

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

WVWZZZ1K2B W015421

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:

225/40 R18

R:

M.C

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.

17/7/18

D.O.I.

17/7/18

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

have video of fender LTA 32164 2yrs 9mth. 2y11m

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:

Photos

Others

TOTAL

Report Format :

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

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$