15/5/2010

INS. CASE OWNER:

CC Ψ /AIG1801 4ryη, A vbh

LKK:
IDAC:

Surveyor: _Adrian_   DOI: _6/8/18_   **ASSIGNMENT**   Date / Time : _6/8/18_
Registered in Merimen: _6/8/18_

Pre-assign / CCU / FTE

Insured Vehicle No. : SLM 7856R   Claim No. : _____

Name of Insured : _____   Policy No. : _____

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

Excess Sec II :S$ _____ D.O.A : _4/8/18_   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**

SGT 3701D →

INSRS:	INSRS:	INSRS:	INSRS:
WSP: Platinum	WSP:	WSP:	WSP:
Tel : merFo	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time			STAGE	DATE / PIC
	SGT 3701D		Non-Reporting ltr (1st):	
	SLM 7856R		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 ☐ Cal ☐
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 + LO ☐ [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 ☐ Cal ☐
Payee 1:	S$	Name 1:	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	

ASS. REC. BY: _____   REF: **AIG**   14239 Aub3

ASSIGNMENT

From: _____ Date: 6|8|18	Veh No: SGT3201D. Yr Regn: 2007, April
Estimated Cost: _____	Type: (M.Car)/ M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
OD /(TP)/ WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
To Inspect Vehicle No: SGT3201D	Make: Toyota Axio c.c 1496.
at Workshop m/s Platinum Werkz	Colour: Grey. A/C: Insured / Std / NI / NA
of 53 ubi Ave 1 # 01-25	Sp.Reading 7975023. T/Radio: Insured / Std / NI / NA
Insured: _____	Eng/No: _____
Policy No. _____	C/No: NZE1416022055
Claims No. _____	Gen. Cond: (Good)/ Fair / Poor / Burnt
Sum Insured: _____ Excess: _____	Steering: In order / Jammed / Leaked / Burnt or
(Client's Record)	Brake: In order / Jammed / Leaked / Burnt or
Make of Veh: _____	Modi: Nil /(S/Rim)/ STD A/Rim or _____
	Tyre Size: F: 185/70R14.
	R: 185/70R14.

Remark: **The veh had commenced its repair at the time of inspection.**

N/S	O/S

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

Front		Rear	
R/Bal. 06 mm		R/Bal. 06 mm	
L/Bal. 06 mm		L/Bal. 06 mm	
D.O.A. _____		D.O.I. 06/08/18	

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	

Survey held at   Platinium.

CA / REV / REP. / 24 HRS 'up'

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

Date: _____ Person Contacted: _____   Vehicle: IN / OUT

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

Date / Time	Action / Instruction
	TP AIG.
	MV : 23k
	PV : 18k
	Nett : 5k.

Date/Time, File **Pass** to?	☐ : Preli. Report	Days Of Repair: _____	Survey Fee:
1)	☐ : Final Report	Resurvey No. of Trip: _____	Transportation:
Date/Time, File **Return** to?			
2)	Add Fee: ☐ : Site Insp ($)	__S + RS,__SI	
	☐ : Interview ($)	Photos	
Report Format :	☐ : Tech. Invs ($)	Others	
Lum Sum / I.B.I: ($)	☐ : Weekend ($)		TOTAL