

15/5/2010

INS. CASE OWNER:

CC 6/AIG1801

LKK:

IDAC:

Surveyor:

UKS

DOI:

ASSIGNMENT

6/9/18

Date / Time :

5/9/18

Registered in Merimen:

5/9/18

Pre-assign / CCU / FTE



Insured Vehicle No. :

SLC 6760m

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :S\$

D.O.A :

4/9/18

Place of Accident :

Is driver the owner?

(YES / NO)

Nature 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

GM 216NN



INSRS:

WSP:

Tel :

Liability :

RMKS:

can
um

INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time		STAGE	DATE/ PIC
	5/9/18	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:	
Repair Cost:	S\$	(days) Reduction:	%
		Email	Call
FINAL SETTLEMENT Date/Time:		Confirm with:	
Final Liability:	%	(Agreed / Assessed) BOLA S/N No. :	
Repair Cost:	S\$	If NO or B 28, Ass. Lia :	
Loss of Rental (LOR):	S\$	(days)	
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]	
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:	
Payee 1:	S\$	Name 1:	
Payee 2: (Strike if N.A.)	S\$	Name 2:	
Payee 3: (Strike if N.A.)	S\$	Name 3:	

(08/11/13) welf
ASS. REC. BY:

REF: AIG

ASSIGNMENT

From:

Date: 06/09/18

Estimated Cost:

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

To Inspect Vehicle No:

SH 2163H

at Workshop m/s

Tan Jim Motor

of

51 Defu Lane 10

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

Morning

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:

days

Res.: Yes or No

Lum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS ^{1 up}

50291

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SH 2163H

Yr Regn:

10/14

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

Truck / Trailer or

CA/

Make:

Toyota prius

c.c

1197

Colour

Yellow/slate

A/C:

Insured / Std / NI / NA

Sp. Reading

704936

T/Radio: Insured / Std / NI / NA

Eng/No:

XVW301844098

C/No:

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:

195/65-215

R:

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

TOYO / YOKO or

Continental

Front

6

Rear

6

R/Bal.

mm

R/Bal.

mm

L/Bal.

mm

L/Bal.

mm

D.O.A.

4/9/18

D.O.I.

6/9/18

Survey held at

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

Rear O/S & L.

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

Date / Time

Action / Instruction

4 yrs.

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 / I.B.I. (\$

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$