

15/9/2010

INS. CASE OWNER:

CC 4/AIG1801

7124, AUB3

LKK:  
IDAC:

Surveyor: Adnan

DOI: 20/1/18

Date / Time: 20/1/18

Registered in Merimen: 20/1/18

Pre-assign / CCU / FTE



Insured Vehicle No. : SLE 7670X

Claim No. : \_\_\_\_\_

Name of Insured : \_\_\_\_\_

Policy No. : \_\_\_\_\_

Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_

Make / Model : \_\_\_\_\_

Excess Sec II :SS \_\_\_\_\_ D.O.A : 12/1/18

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

6BB 6475D



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Motocycle



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time	STAGE	DATE / PIC
<u>6BB 6475D</u>	Non-Reporting ltr (1st):	
<u>SLE 7670X</u>	Non-Reporting ltr (2nd):	
	Non-Reporting ltr (Final):	
	Notification ltr (if non-pickup):	
	Call OI:	
	After call ltr to OI:	
	<b>Documentation Check List: Handler Typist</b>	
	Notification ltr (if non-pickup)	<input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/>
	PIR:	<input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/>
	LOD	<input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/>
	Others:	<input type="checkbox"/>

**PRELIMINARY ADVICE** Date/Time: \_\_\_\_\_ Sent By: \_\_\_\_\_

**FINALIZATION** Date/Time: \_\_\_\_\_ Confirm with: \_\_\_\_\_ Confirm by: \_\_\_\_\_

Repair Cost: \$ ( 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: \$

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: \_\_\_\_\_ Email  Cal

Payee 1: \$ Name 1: \_\_\_\_\_

Payee 2: (Strike if N.A.) \$ Name 2: \_\_\_\_\_

Payee 3: (Strike if N.A.) \$ Name 3: \_\_\_\_\_

REF: AIG

Singapore

ASSIGNMENT

From: Date: 20/09/18

Veh No: GBBG425J Yr Regn: 2009 / sept.

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: GBB 6425J  
at Workshop m/s: Motonicarz Garage  
of 53 ubi Ave | #01-19

Make: Toyota Hiace c.c 2982

Colour: white A/C: Insured / Std / NI / NA

Sp. Reading: 297559 T/Radio: Insured / Std / NI / NA

Insured:

Eng/No:

Policy No.:

C/No: JTFT02P800046834.

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

(Policy Condition)

Tyre Size: F: 195 R15C

R: 195 R15C

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 Compasal.

Bal. or Market Value:

Front Rear

IDAC Accident Rpt: Consistent? : Yes or No

R/Bal. 06 mm R/Bal. 06 mm

GIA / PR Seen: Consistent? : Yes or No

L/Bal. 06 mm L/Bal. 06 mm

Est. Repairs: days Res.: Yes or No

D.O.A. D.O.I. 20/09/18.

Lum Sum: % 3 Val.: Yes or No

Survey held at Motonicarz.

CA / REV / REP. 1-24 HRS 'up'

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

Date: Person Contacted:

Vehicle: IN / OUT

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

Date / Time Action / Instruction  
TP AIG.

MV: 2010.  
PV: 1810  
Nett: 18210

Date/Time, File Pass to?

: Preli. Report

Days Of Repair:

1)

: Final Report

Resurvey No. of Trip:

Date/Time, File Return to?

Survey Fee:

2)

Add Fee:  : Site Insp (\$)

Transportation:

: Interview (\$)

\_\_\_\_\_ \$ + RS. \_\_\_\_\_ SI

: Tech. Invs (\$)

) Photos

: Weekend (\$)

) Others

Report Format :

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

TOTAL