

15/5/2010

INS. CASE OWNER:

CC YAIG1801 8095, 9 mbh

LKK:
IDAC:

Surveyor:

smc

DOI:

ASSIGNMENT

5/10/08

Date / Time :

4/10/18

Registered in Merimen:

5/10/18

Pre-assign / CCU / FTE



Insured Vehicle No. :

SMF 618 H

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :S\$

D.O.A :

05/10/08

Place of Accident :

Is driver the owner? (YES / NO)

(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

SM 1785H



INSRS:
WSP:
Tel :
Liability :
RMKS:

Antawong



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
<i>5/10/08</i>	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)	<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: S\$	(days) Reduction: %	Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT Date/Time: Confirm with: Email <input type="checkbox"/> Call <input type="checkbox"/>		
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 <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LO <input type="checkbox"/>	[Tick only one]	
GIA/LTA Search: S\$		
Medical: S\$		
Disbursement: S\$	(e.g. Tow/ Independent)	1) Claim status: Normal/Reject/Private Settle
Legal Cost: S\$		2) Report Format:
		3) Survey fee:
Total: S\$	Global Sum S\$:	
FINAL PAYMENT Date/Time: Confirm with: Email <input type="checkbox"/> Call <input type="checkbox"/>		
Payee 1: S\$	Name 1:	
Payee 2: (Strike if N.A.) S\$	Name 2:	
Payee 3: (Strike if N.A.) S\$	Name 3:	

Surveyor

Karl

REF: AIG

longs / Gmb

C1067R

(-2019)

ASSIGNMENT

From: Date: 5/10/18

Veh No: SJU1785H Yr Regn: 23 Nov 2005

Estimated Cost:

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

OD (TP) WS / TP RES / DD RES / EVA / INV / MV

Truck / Trailer or

To Inspect Vehicle No: SJU1785H

Make: Honda Civic c.c 1998

at Workshop m/s Supreme Auto

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

of No.176 Sin Ming Drive #02-01

Sp. Reading: 64800 T/Radio: Insured / Std / NI / NA

Insured:

Eng/No: JHMFD 2640 95 200 864

Policy No.:

C/No:

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:

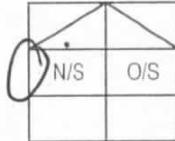
Modi: Nil / S/Rim / STD A/Rim or

(Policy Condition)

Tyre Size: F: 205/55 R16

R: U

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



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

TOYO / YOKO or

Bal. or Market Value: \$25k

Front R/Bal. 6 mm Rear R/Bal. 6 mm

IDAC Accident Rport: Consistent? : Yes or No

L/Bal. 6 mm

GIA / PR Seen: Consistent? : Yes or No

D.O.A. D.O.I. 05-10-18

Est. Repairs: days Res.: Yes or No

Survey held at w/s 4:30pm

Lum Sum: % 3 Val.: Yes or No

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

CA / REV / REP. / 24 HRS (up) Vehicle: IN / OUT

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

Table with 2 columns: Date / Time, Action / Instruction

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 (\$) S + RS. SI

Transportation:

Report Format :

[]: Interview (\$) Photos

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

[]: Tech. Invs (\$) Others

[]: Weekend (\$)

TOTAL

Large empty box for calculations and totals.