INS. CASE OWNER: CC 6, AIG 180 18953, Atas   LKK:
IDAC:

ASSIGNMENT

Surveyor: _____ LMP   DOI: 12/10/18   Date / Time : 12/10/8
Registered in Merimen: 18/10/18

Pre-assign / CCU / FTE   SLL 8722 S
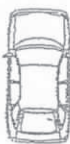
Insured Vehicle No. : _____   Claim No. : _____
Name of Insured : _____   Policy No. : _____
Insured Tel No. : _____ HP: _____   Make / Model : _____
Excess Sec II :S$ _____   D.O.A : 15/10/2018   Place of Accident : _____
Is driver the owner? (YES / NO) Nature of Accident : _____

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

SLQ 4710 B →

INSRS: WSP: Success Tel : Liability : Unfixed RMKS:	INSRS: WSP: Tel : Liability : RMKS:		INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	SLQ4710B SLL8722S } AIG AIG 18018950 24 iDOA: 16/10/8	STAGE	DATE / PIC
		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:		

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 ☐ Call ☐

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 + LOI ☐ [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 ☐ Call ☐

Payee 1:	S$	Name 1:	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	

ASSIGNMENT

From: Date:	Veh No: **SLQ4710B.** Yr Regn: **2010, March.**
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:

Make: **Mazda 3**   c.c **1598**

at Workshop m/s

Colour **White.**   A/C: Insured / Std / Ni / NA

of

Sp.Reading **147995.**   T/Radio: Insured / Std / NI / NA

Insured:

Eng/No:

Policy No.

C/No: **JM6BL1021A0138081**

Claims No.

Gen. Cond: (Good) / Fair / Poor / Burnt

Sum Insured: Excess:

Steering: (Inorder) / Jammed / Leaked / Burnt or

(Client's Record)

Brake: (Inorder) / Jammed / Leaked / Burnt or

Make of Veh:

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

Tyre Size: F: **205/55R16.**

(Policy Condition)

     R: **205/55R16.**

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

Bal. or Market Value:

Front		Rear	
R/Bal. **06** mm		R/Bal. **06** mm	
L/Bal. **06** mm		L/Bal. **06** mm	

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: ·   days   Res.: Yes or No

D.O.A.	D.O.I. **17/10/18**

Lum Sum: %   3 Val.: Yes or No

Survey held at **Success Unled.**

CA / REV / REP. / 24 HRS

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

     Vehicle: IN / OUT

Date: Person Contacted:

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

Date / Time	Action / Instruction
	TP A/G .

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