

INS. CASE OWNER:

CC 3, Mh 180 2023, Kfa3

LKK:

ID/C:

Surveyor:

Kenneth

DOI:

ASSIGNMENT

7/11/18

Date / Time:

7/11/18

Registered in Merimen:

8/11/18

Pre-assign / CCU / FTE



Insured Vehicle No. : SLU 5116 P

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : S\$ _____ D.O.A. : 4-11-18

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

SHC 5560 G



INSRS:

WSP: Wang-Gab

Tel: _____

Liability: _____

RMKS: _____



INSRS:

WSP: _____

Tel: _____

Liability: _____

RMKS: _____



INSRS:

WSP: _____

Tel: _____

Liability: _____

RMKS: _____



INSRS:

WSP: _____

Tel: _____

Liability: _____

RMKS: _____

Date/ Time

SHC 5560 G - 03/Mh 16000237/Kyazq; 00N: 1/1/16
 04/11/18 00-2449/Ksm3q; 00N: 6/1/15
 SLU 5116 P - X

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:	☐
Post-Repair Photos:	☐
Others:	☐

PRELIMINARY ADVICE		Date/Time:	Sent By:		Confirm by:	
FINALIZATION		Date/Time:	Confirm with:		Email ☐ Call ☐	
Repair Cost:	S\$	(days)	Reduction:	%		
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\$					
Disbursement:	S\$	(e.g. Tow/ Independent)		1) Claim status: Normal/Reject/Private Settle		
Legal Cost	S\$			2) Report Format:		
Total:	S\$	Global Sum S\$:		3) Survey fee:		
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:				

ASS. REC. BY:

REF:

AIG

Kenneth

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

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:

03

days

Res.: Yes or No

Lum Sum:

20

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

S/H C 55606

Yr Regn:

09, 14

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

Truck / Traller or

Make:

Renault Latitude c.c.

1995

Colour:

M. White / Red

A/C:

Insured / Std / NI / NA

Sp. Reading

537151

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

VF1ABL15AUC - 279260

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: N/A / S/Rim / STD A/Rim or

Tyre Size:

F:

215/60R16

R:

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

Giti

Front

Rear

R/Bal.

6

mm

R/Bal.

8

mm

L/Bal.

6

mm

L/Bal.

8

mm

D.O.A.

4/11/18

D.O.I.

7/11/18

Survey held at

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

N/S Frt & U/C

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

Date / Time

Action / Instruction

11/11 File pass to Catherine

Date/Time, File Pass to?

☐

: Prel. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

S + RS. \$

Photos

Others

TOTAL

Report Format :

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