

cc 6, AIG 180 2458, Kha3

LKK:

IDAC:

INS. CASE OWNER:

ASSIGNMENT

Surveyor: KEC

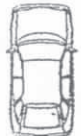
DOI: 29/11/2018

Date / Time : 28/11/18

Registered in Merimen: 28/11/18

Pre-assign / CCU / FTE

GY 5675



Insured Vehicle No. : \_\_\_\_\_

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

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

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

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

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

Excess Sec II :SS \_\_\_\_\_ D.O.A: 26-11-18

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

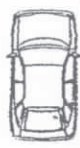
Driver Tel No. : \_\_\_\_\_ (V/L: YES / NO)

Insured Liability : % Final ? Yes / No

Smp K156R



INSRS: optima weeks.  
WSP: \_\_\_\_\_  
Tel : \_\_\_\_\_  
Liability : \_\_\_\_\_  
RMKS: \_\_\_\_\_



INSRS: \_\_\_\_\_  
WSP: \_\_\_\_\_  
Tel : \_\_\_\_\_  
Liability : \_\_\_\_\_  
RMKS: \_\_\_\_\_



INSRS: \_\_\_\_\_  
WSP: \_\_\_\_\_  
Tel : \_\_\_\_\_  
Liability : \_\_\_\_\_  
RMKS: \_\_\_\_\_



INSRS: \_\_\_\_\_  
WSP: \_\_\_\_\_  
Tel : \_\_\_\_\_  
Liability : \_\_\_\_\_  
RMKS: \_\_\_\_\_

Date/ Time	STAGE	DATE / PIC
<u>Smp K156R - X; GY5675 - X</u>	Non-Reporting ltr (1st):	
	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: 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\$ \_\_\_\_\_

Disbursement: S\$ \_\_\_\_\_ (e.g. Tow/ Independent )

Legal Cost S\$ \_\_\_\_\_

**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: \_\_\_\_\_

206/11/18

REF: AIG

WCH

Surveyor

### ASSIGNMENT

From: \_\_\_\_\_ Date: 29/11/18

Veh No: SMI- 5156R Yr Regn: 11 / 18

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: SMF 5156R

Make: Honda <sup>(A)</sup> Veve 1 c.c. 1498

at Workshop m/s Optima Werkz

Colour: M. Gray A/C: Insured / Std / NI / NA

of 9A Serangoon North Ave 5

Sp. Reading: 909 T/Radio: Insured / Std / NI / NA

Insured: \_\_\_\_\_

Eng/No: \_\_\_\_\_ C/No: RU.3 . 1313920

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

Gen. Cond: Good / Fair / Poor / Burnt

Claims No. \_\_\_\_\_

Steering: In order / Jammed / Leaked / Burnt or

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

Brake: In order / Jammed / Leaked / Burnt or

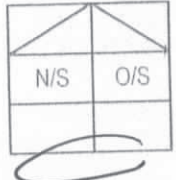
(Client's Record)

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

Make of Veh: \_\_\_\_\_

Tyre Size: F: 215/60R16  
R: \_\_\_\_\_

(Policy Condition)



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: \_\_\_\_\_

Front		Rear	
R/Bal.	<u>10</u> mm	R/Bal.	<u>10</u> mm
L/Bal.	<u>10</u> mm	L/Bal.	<u>10</u> mm
D.O.A.	<u>26/11/18</u>	D.O.I.	<u>29/11/18</u>

IDAC Accident Rpt: \_\_\_\_\_ Consistent? : Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No

Est. Repairs: 05 days Res.: Yes or No

Lum Sum: 1.B.1 % 3 Val.: Yes or No

Survey held at \_\_\_\_\_

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or  
The U/C / Chassis frame / Body Structure affected due to collision.

CA / REV / REP. / 24 HRS <sup>1 up</sup>

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT

Date / Time	Action / Instruction
<u>30/11</u>	<u>File parts to Customer</u>

Date/Time, File Pass to?  : Preli. Report  : Final Report

Days Of Repair: \_\_\_\_\_ Resurvey No. of Trip: \_\_\_\_\_

1) Date/Time, File Return to? \_\_\_\_\_

Add Fee:  : Site Insp (\$ \_\_\_\_\_)

: Interview (\$ \_\_\_\_\_)

: Tech. Invs (\$ \_\_\_\_\_)

: Weekend (\$ \_\_\_\_\_)

Survey Fee: \_\_\_\_\_

Transportation: \_\_\_\_\_

\_\_\_\_\_ S + RS, \_\_\_\_\_ SI

Photos \_\_\_\_\_

Others \_\_\_\_\_

TOTAL \_\_\_\_\_

Report Format : \_\_\_\_\_ Lump Sum / I.B.I: (\$ \_\_\_\_\_)