15/5/2010

CC4, AIG 180 2752, TI ja3

LKK:
IDAC:

INS. CASE OWNER:

Surveyor: MMH

ASSIGNMENT

DOI: 3/12/18

Date / Time: 29/11/2018

Registered in Merimen: 3/12/2018

Pre-assign / CCU / FTE

SKP 3023 A

Insured Vehicle No. : SKP 3023 A

Name of Insured :

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A: 23/11/2018

Is driver the owner? (YES / NO) Nature of Accident :

Claim No. :

Policy No. :

Make / Model :

Place 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**

PA5662 L

INSRS:	INSRS:	INSRS:	INSRS:
WSP: Woodlands	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability : Transport Svc	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	PA5662L - X ; SKP 3023A - 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:

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: S$ (days) Reduction: % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: Confirm with Email ☐ Call ☐

			If NO or B 28, Ass. Lia :
Final Liability:	%	(Agreed / Assessed) BOLA S/N No. :	
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$		1) Claim status: Normal/Reject/Private Settle
Medical:	S$		2) Report Format:
Disbursement:	S$	(e.g. Tow/ Independent)	3) Survey fee:
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:	

Surveyor _Taylor_ REF: **AIG**

WIE 2020 04.

ASSIGNMENT

From: Date: 3/12/18

Estimated Cost:

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

To Inspect Vehicle No: **PA 5662L**

at Workshop m/s __woodlands Transport__

of __8 Gul circle__

Insured:

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record)

Make of Veh: 11:30am - 12pm owner waiting

(Policy Condition)

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

	N/S	O/S

Bal. or Market Value:

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: days   Res.: Yes or No

Lum Sum: %   3 Val.: Yes or No

CA / REV / REP. / 24 HRS `up`

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: PA 5662 L.   Yr Regn: 2005 04.

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

Truck / Trailer or

Make: Toyota coaster   c.c: 4/04

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

Sp.Reading 88 0 84   T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JTGFG5384 02 000 329

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

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

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

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

Tyre Size: F: 215 /75R17.5.

R: " (D)

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

Front		Rear	
R/Bal. 7 mm		R/Bal. 7/7 mm	
L/Bal. 7 mm		L/Bal. 7/7 mm	
D.O.A.		D.O.I. 3/12/18 C1245	

Survey held at WL Transport Gul

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

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

Rebate :- 88951

Date / Time	Action / Instruction

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

1)   ☐ : Final Report

Date/Time, File Return to?

2)

Report Format :

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

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)

          ☐ : Interview ($)

          ☐ : Tech. Invs ($)

          ☐ : Weekend   ($)

Survey Fee:

Transportation:

____ S + RS,___ SI

Photos

Others

TOTAL