15/5/2010

INS. CASE OWNER: CC 3 /AIG1802 V719 / A pb3

LKK:

IDAC:

ASSIGNMENT

Surveyor: WP DOI: 10/11/18 Date / Time : 18/11/18

Registered in Merimen: 18/11/18

Pre-assign / CCU / FTE

Insured Vehicle No. : GBG 6294T Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 17/11/18 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**

CFP aaa32u → → →

INSRS:
WSP: preliminary
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	CFPaaa32u-x GBG6294T-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 ☐
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 + LO ☐ **[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:	

Surveyor

REF: ALG

ASSIGNMENT

From: Date: 20.12.2018

Estimated Cost:

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

To Inspect Vehicle No: SFP 9993U

at Workshop m/s Premium

of 55 Ubi Rd 1

Insured:

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record)

Make of Veh:

10am

(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

Vehicle: IN / OUT

Date: Person Contacted:

Veh No. SFP9893U · Yr Regn: 2015 Sept.

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

Make: Audi Q5 c.c 1984

Colour Black. A/C: Insured / Std / NI / NA

Sp.Reading 35978 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WAUZZZ8R6FA053239

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: 235/55R19.

R: 235/55R19.

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

Front		Rear	
R/Bal.	06 mm	R/Bal.	06 mm
L/Bal.	06 mm	L/Bal.	06 mm
D.O.A.		D.O.I.	20/12/18

Survey held at Premium.

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

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

Date / Time	Action / Instruction
	TP ALG.

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee: ☐ : Site Insp ($) S + RS SI

☐ : Interview ($) Photos

☐ : Tech. Invs ($) Others

☐ : Weekend ($)

TOTAL

Report Format :

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

Premium Automobiles

55 Ubi Road 1, Singapore 408699
Tel : 6366 2323 Fax : 6841 1183
Email: Nora.khai@premiumauto.com.sg / claims@premiumauto.com.sg

Telefax

Estimate	:	Accident Repairs
Workshop	:	Ubi Road 1
Contact No	:	6366 2323
Fax No	:	6841 1183
Reference	:	PA/TP/1433/2018/GW
Date	:	19-Dec-18

Vehicle NOT IN workshop.Kindly arrange for survey.
Your insured vehicle no: GBG 6294 T

AIG Asia Pacific Insurance Pte Ltd
78 Shenton Way
#07-16 AIG Building
Singapore 079120

Attn: Mr. Adrian Ling - Motor Claims Dept
Tel: 6841 0055 - Fax: 6256 4315

Owner's Name	:	Mr. Tan Tock Hoon Philip
Address	:	31 Leonie Hill #08-01 Singapore 239229
Telephone	:	HP +65 98391030
Type of Claim	:	Third Party Claims
Policy No.	:	2100462545-02
Vehicle No	:	**SFP 9993 U**
Model Code	:	Audi Q5 3.0 TFSI Qu
Model / Year	:	Jun-15
Engine No	:	CNC 085455
Chassis No	:	WAUZZZ8R6FA053239
Mileage	:	
Date In	:	
Liability	:	-
Excess Cost	:	-
Estimated By	:	Johnny Boo / Allan Wu
Accident Date	:	17-Dec-18
Place of Accident	:	Entrance to MCE (Tuas Direction)

Premium Automobiles

55 Ubi Road 1, Singapore 408699
Tel : 6366 2323 Fax : 6841 1183

Telefax

Estimated Labour Charges for Accident Vehicle. SFP 9993 U

S/N	Nature of Jobs			Estimated Charges	Surveyor's Recommendation
1	To renew rhs wing mirror assy.		$	700.00	?
2	To respray rhs wing mirror cover.		$	500.00	150
3	To carry out diagnostic check.	S/N	$	192.00	✓
	TOTAL LABOUR CHARGES	:	**$**	**1,392.00**	

Premium Automobiles

55 Ubi Road 1, Singapore 408699
Tel : 6366 2323 Fax : 6841 1183

Telefax

Material List for Accident Vehicle Regn No. SFP 9993 U

S/N	Parts Description		Damage Parts & Prices S/NETT	REMARKS
1	FRONT EXTERIOR MIRROR MOUNTING-RH		$ 1,087.00	
2	FRONT MIRROR CAP-RH		$ 370.00	
3	FRONT TURN SIGNAL INDICATOR-RH		$ 143.00	
	TOTAL SPARE PARTS	:	**$ 1,600.00**	
	TOTAL LABOUR CHARGES	:	**$ 1,392.00**	
	GRAND TOTAL	:	**$ 2,992.00**	

All charges are not inclusive of GST.

Legend : Remarks (OK) = Approved, Remarks (X) = Not approved
Spare parts are Special Nett.

Premium Automobiles

55 Ubi Road 1, Singapore 408699
Tel : 6366 2323 Fax : 6841 1183

Telefax

Name	:	Adrian Ling
Surveyed Date	:	20/12/18
Authorised Date	:	
Excess Cost	:	
Liability	:	
Remarks	:	Not Authorised, 02 Days.

Please Note : This estimate is based on visual inspection of the affected vehicle. Should we require further labour charges and spare parts in the progress of repair, we shall inform you accordingly.
For inspection of vehicle, please refer to Ms Norah Khai at Tel:6768 9828 for appointment.

Yours faithfully,
Premium Automobiles Pte Ltd

Johnny Boo
Body Repair Manager

Allan Wu
Claims Consultant