

15/5/2010

INS. CASE OWNER:

CCH /AIG1900

LKK:

IDAC:

Surveyor:

Kenneth

DOI:

ASSIGNMENT

Date / Time:

10/1/14

Registered in Merimen:

11/1/14

Pre-assign / CCU / FTE



Insured Vehicle No.:

SLD 3235M

Claim No.:

Name of Insured:

Policy No.:

Insured Tel No.:

HP:

8/1/14

Make / Model:

Excess Sec II :\$

D.O.A.:

Place of Accident:

Is driver the owner?

(YES / NO)

Nature 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

SHL 5057D



INSRS:

WSP:

Tel:

Liability:

RMKS:

Trans
CMB

INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time	STAGE	DATE / PIC
SHL 5057D - WSP / ASM 18/03/14 / EPOB 12/04/14	Non-Reporting ltr (1st):	
SHL 3235M - X	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:	Confirm by:
FINALIZATION		Date/Time:	Confirm with:	Confirm by:
Repair Cost:	\$	(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:	\$			
Loss of Rental (LOR):	\$	(days)		
Loss of Use (LOU):	\$	(\$ x days)		
Loss of Income (LOI):	\$	(\$ x days)		
LOR only ☐	LOU only ☐	LOR + LOU ☐	LOR + LO ☐	[Tick only one]
GIA/LTA Search	\$			
Medical:	\$			
Disbursement:	\$	(e.g. Tow/ Independent)		
Legal Cost	\$			
Total:	\$	Global Sum \$:		
FINAL PAYMENT		Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	\$	Name 1:		
Payee 2: (Strike if N.A.)	\$	Name 2:		
Payee 3: (Strike if N.A.)	\$	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:

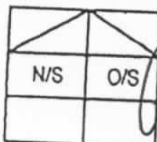
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Bal. or Market Value:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

04 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:

S14C 5053D

Yr Regn:

12, 13

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

Truck / Traller or

Make:

Renault

c.c

1995

Colour:

m. White / Red

A/C:

Insured / Std / NI / NA

Sp. Reading

632783

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

VF1ABL15AUC 276071

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: Nil / 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.

7

mm

R/Bal.

8

mm

L/Bal.

7

mm

L/Bal.

8

mm

D.O.A.

8/1/19

D.O.I.

10/1/19

Survey held at

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

O/S body

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

Date / Time

Action / Instruction

11/1

File pass to Car
L1Ry 85450h

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S - RS. SI

Fixtos

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Report Format :

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