

INS. CASE OWNER:

CC 4, MG 1900 2710, A ea3

LKK:

IDAC:

Surveyor:

WUP

DOI:

ASSIGNMENT

13/2/19

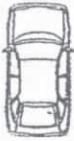
Date / Time :

12/02/19

Registered in Merimen:

13/2/19

Pre-assign / CCU / FTE



Insured Vehicle No. : SKV 3247 P

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :SS _____ D.O.A : 3/2/19

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

SLT 1908C

INSRS:
WSP: Blackmark
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time

SLT 1908C - x ; SKV 3247P - 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 + LOI ☐ [Tick only one]

GIA/LTA Search S\$

Medical: S\$

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

Legal Cost S\$

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

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:

REF: AIG

ASSIGNMENT

From Date: 13/2/19

Estimated Cost:

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

To inspect Vehicle No:

SLT1908C
Glockewerke

at Workshop m/s

of 23 kuki Bukit Ave 4 #04-01

Insured:

Policy No:

Claims No:

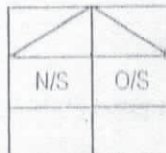
Sum Insured:

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: days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

hwp

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SLT1908C Yr Regn: 2017 Oct

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

Truck / Trailer or

Make: BMW 116D.

C.C. 1496

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

Sp. Reading: 29429 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WBA1N720905 686893

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 225/40R18-

R: 225/40R18

BS / DUN / EXNOVA / GY / FS / LIZA MIC / 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.

13/02/19.

Survey held at

Glockewerke

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

TPAIG.

Date/Time, File Pass to?

☐

: Preli. Report

1)

Date/Time, File Return to?

☐

: Final Report

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

) S + RS \$

) Photos

) Other:

) TOTAL

Report Format:

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

Add Fee: ☐ Site Insp (\$)☐ Interview (\$)☐ Tech. Invs (\$)☐ Weekend (\$)

TOTAL