

15/5/2010

INS. CASE OWNER:

CC 3/AIG1900

LKK:

IDAC:

Surveyor:

STEVE

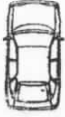
DOI:

ASSIGNMENT

Date / Time :

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

SMG 6905J

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

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

SKJ 3523Y



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time	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:
Repair Cost:	\$	(days) Reduction: %
		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time:	Confirm with:
Final Liability:	%	(Agreed / Assessed) BOLA S/N No. :
Repair Cost:	\$	
Loss of Rental (LOR):	\$	(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	\$	
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:

Steve

REF: AIG

ASSIGNMENT

Form

Date

01/03/19

Estimated Cost

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

To inspect Vehicle No

8KJ 3543Y

at Workshop no/s

Volkswagen

of

247 Alexandra Road

Insured

Policy No

Claim No

Sum Insured

Excess

(Client's Record)

Make of Veh

1pm

(Policy Condition)

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

N/S	O/S

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

Lump Sum

% 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No

5KJ 3543Y

at Page

22/03/13

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

Truck / Trailer or

Make

Volkswagen Jetta

C.C.

1-4

Colour

Blue

A/C

Insured / Std / Nil / NA

Sp Reading

77533

T/Radio: Insured / Std / Nil / NA

Eng/No

C/No

WRW22216 20 M025242

Gen. Cond: Good / Fair / Poor / Burnt

Steering: in order / Jammed / Leaked / Burnt or

Brake: in order / Jammed / Leaked / Burnt or

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

Tyre Size

F:

206/55R16

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Fialli

Front

Rear

R/Bal.

7

mm

R/Bal.

7

mm

L/Bal.

7

mm

L/Bal.

7

mm

D.O.A.

21/2/19

D.O.I.

1/3/19

Survey held at

Volkswagen (Alexandra rd)

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

MV-40,000

PV-38,368

NV-1,632

* Call Pearllyn about repair limit 2/3/19 11:20am

Date/Time, File Pass to?

☐

Preli. Report

1)

☐

Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation

Add Fee:

☐

Site Insp (\$)

☐

Interview (\$)

☐

Tech. Insp (\$)

☐

Weekend (\$)

Report Format:

Lump Sum / L.B.E. (\$)

) \$ 0.00 \$0

) Photos

) Other

TOTAL