INS. CASE OWNER: CC 3 /AIG1900   4 nv7, Jf63   LKK: IDAC:

ASSIGNMENT

Surveyor: M·J   DOI: 6/7/14   Date / Time: 6/7/14

Registered in Merimen: 7/7/14

Pre-assign / CCU / FTE

SLZ 3216X

Insured Vehicle No. :   Claim No. :

Name of Insured :   Policy No. :

Insured Tel No. :   HP: Make / Model :

Excess Sec II :S$ D.O.A : 1/7/19   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**

SG1761T → → → →

INSRS: WSP: SMRT Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	SG1761T SLZ 3216X-4	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:	

PRELIMINARY ADVICE Date/Time:	Sent By:	Post-Repair Photos:	
		Others:	

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$	(S x days)		
Loss of Income (LOI):	S$	(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: Hwee Jie   REF: AIG

ASSIGNMENT

From: Date:	Veh No. **SG1761T** Yr Regn: **18 Oct 2018**
Estimated Cost:	Type: M.Car / M.Cycle / (Bus) / Van / Lorry / Taxi / Prime Mover /
OD / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or

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 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

Date: Person Contacted: Vehicle: IN / OUT

Make: **Man A22**   c.c **10518**

Colour   **multi Colour**   A/C: Insured / Std / NI / NA

Sp.Reading   **25302**   T/Radio: Insured / Std / NI / NA

Eng/No.   —

C/No: **WMAA222z0JF006961**

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: **275/70R22.5**
           R: —

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

Front			Rear		
R/Bal.	7	mm	R/Bal.	7	mm
L/Bal.	7	mm	L/Bal.	7	mm
D.O.A. **1/3/19**			D.O.I. **6/3/19**		

Survey held at   **Swrt**

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

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

1)

Date/Time. File Return to?   ☐ : Final Report

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 + PS. __SI
) Photos
) Others

TOTAL