INS. CASE OWNER: | CC Y/ HIM 1900 S003 / H fa5 | IDAC:

ASSIGNMENT

Surveyor: Wp DOI: 27/3/19 Date / Time : 17/4/19

Registered in Merimen: 17/4/19

Pre-assign / CCU / FTE

Insured Vehicle No. : SLF 1936 U

Name of Insured :

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 11/2/19

Is driver the owner? (YES / NO) Nature of Accident :

If NO, Driver Name / Age :

Driver Tel No. : (V/L: YES / NO)

Claim No. :

Policy No. :

Make / Model :

Place of Accident :

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % **Final ? Yes / No**

FZ656A → → →

INSRS:
WSP: MGA
Tel :
Liability : UBI
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	FZ656A - X ; SLF 1936U - 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: L/S S$ 1,300 (3 days) Reduction: 1,340/51 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: Confirm with Email ✓ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 15	If NO or B 28, Ass. Lia :
Repair Cost: (w/GST)	S$ 1,391.00	
Loss of Rental (LOR):	S$ (days)	
Loss of Use (LOU):	S$ 80 ($ 20 x 4 days)	
Loss of Income (LOI):	S$ ($ x days)	
LOR only ☐ LOU only ✓	LOR + LOU ☐ LOR + LOI ☐ **[Tick only one]**	
GIA/LTA Search	S$ 7.49	
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$ 1,478.49 **Global Sum S$:** 1,470.00	

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:	

22/03/2002

ASS. REC. BY: | REF: C8/AIG19005155 /Aqd3 | Special Instruction:

Surveyor : Adrian

Meet in city

ASSIGNMENT (Office)

From (Person): Chin lee Ying of AIG Date/Time: 21/3/19 (5) 10:44am.

Estimated Cost: Bill to:

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

To Inspect Vehicle No: FZ 656A Insured: SLF 1936U

at Workshop m/s ComfortDelgro Tel: 68485726 / 81888999 (Alvin)

of 320 Ubi Rd 3

Policy No: Claim No:

Sum Insured: Excess:

Make of Veh: (Client's Record) D.O.A. 11/02/2019

CA / REV / REP. / REV 24 HRS H.O.D. Endorsement:

Date/Time: 12:21pm Person Contacted: Alvin Vehicle IN / OUT

Date/Time	Action/Instruction (✓) Estimate Dun assign Ge.
	FZ656A – X Insp: Uniqu Motorsports : 1 Kaki Bkt Ave 6 # 02-54
	SLF1936U – X

Surveyor

REF: AIG

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No: FZ656A

at Workshop m/s unique motorsports

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.**

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

Date: Person Contacted: Alvin 8188899 Vehicle: IN / OUT

Veh No: FZ656A. Yr Regn: /

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

Make: Honda C.C

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

Sp.Reading 135306. T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

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: 120/60R17.

R: 160/60R17.

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.		mm	L/Bal.		mm
D.O.A.			D.O.I.	27/03/15.	

Survey held at Unique Motorsports

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 AIG

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 ($) __S + RS__SI

: Interview ($) Photos

: Tech. Invs ($) Others

: Weekend ($)

TOTAL

Report Format :

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