15/5/2019

INS. CASE OWNER: CC b /AIG1900 730V, U hb3 | LKK: | IDAC:

ASSIGNMENT

Surveyor: Mervlus DOI: 15/4/19. Date / Time : 15/4/19

Registered in Merimen: 15/4/19.

Pre-assign / CCU / FTE

Insured Vehicle No. : SKW 1857L Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 13/4/19. 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**

SJT 6307P → → →

 INSRS: WSP: Tel : Liability : RMKS: Head wah.	 INSRS: WSP: Tel : Liability : RMKS:	 INSRS: WSP: Tel : Liability : RMKS:	 INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	SJT 8307P - Y SKW 1857P - Y

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 + 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:	

(08/11/13) wef

ASS. REC. BY: Marcus

REF: AIG/

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No: SJT8307P

at Workshop m/s Mechanic Tayar

of

Insured: SKW/AI-7C

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: 2 days Res.: Yes or No

Lum Sum: 30 % 3 Val.: Yes or No

436-A

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SJT8307P Yr Regn: 10 09

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

Make: Proton Exora c.c 1597

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

Sp.Reading 120857 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: PL1FZ61/RRAF017552

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: 215/45R17

R:

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.	23/4/19	D.O.I.	25/4/19

Survey held at

Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or o/s Rr.

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

Date / Time	Action / Instruction
	Coe until 31-1-2029
25/4/19	contact H/S @ 800 with Hon.

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Invs ($)

☐ : Weekend ($)

Report Format :

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

Survey Fee:	
Transportation: ___S + RS, ___SI	
Photos	
Others	
TOTAL	