INS. CASE OWNER:		CC 6, AIG 1900 7473, Uha3	LKK:
			IDAC:

Surveyor: MARCUS DOI: 29/4/19 **ASSIGNMENT** Date / Time: 29/4/19

Registered in Merimen: 29/4/19

Pre-assign / CCU / FTE

Insured Vehicle No. : SUE 507L

Name of Insured :   Claim No. :

Insured Tel No. :   HP: Policy No. :

Excess Sec II :S$ D.O.A : 26/4/19   Make / Model :

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

If NO, Driver Name / Age :   OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
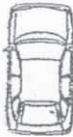
Driver Tel No. :   (V/L: YES / NO)   Insured Liability :   %   **Final ? Yes / No**
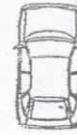
SLA 1586 Y →

INSRS: WSP: Marcus Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time		SLA 1586Y . X ; SUE 507L . 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$		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   REF: A I G /

ASS. REC. BY: *Marcus*

ASSIGNMENT

From: Date:	Veh No: _SLA 1586Y_ Yr Regn: _2/6_
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 _CA /_
To Inspect Vehicle No: _SLA 1586Y_	Make: _Toyota con/lo Altis_ c.c _1598_
at Workshop m/s _ft_	Colour _Gry_ A/C: Insured / Std / NI / NA
of	Sp.Reading _140191_ T/Radio: Insured / Std / NI / NA
Insured: _SLE 507L_	Eng/No:
Policy No.	C/No: _MR053REH104544089_
Claims No.	Gen. Cond: (Good) / Fair / Poor / Burnt
Sum Insured: Excess:	Steering: (Inorder) / Jammed / Leaked / Burnt or
(Client's Record)	Brake: (Inorder) / Jammed / Leaked / Burnt or
Make of Veh:	Modi : Nil / (S/Rim) / STD A/Rim or
	Tyre Size: F: _205/55-R16_
(Policy Condition)	R:

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

	N/S	O/S

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

Front		Rear	
R/Bal. _6_ mm		R/Bal. _6_ mm	
L/Bal. _6_ mm		L/Bal. _6_ mm	
D.O.A. _26/4/19_		D.O.I. _29/4/19_	

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	Survey held at
Lum Sum: % 3 Val.: Yes or No	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
_335VA_	_Rea_
CA / REV / REP. / 24 HRS Vehicle: IN / OUT	The U/C / Chassis frame / Body Structure affected due to collision.
Date: Person Contacted:	

Date / Time	Action / Instruction
	have 6icA LYA 46570.

Date/Time, File Pass to? ☐ : **Preli. Report**	Days Of Repair:
1) ☐ : **Final Report**	Resurvey No. of Trip:
Date/Time, File Return to?	
2)	Survey Fee:
	Transportation:
	Add Fee: ☐ : Site Insp ($))_S + RS,_SI
	☐ : Interview ($) Photos
	☐ : Tech. Invs ($) Others
Report Format :	☐ : Weekend ($)
Lump Sum / I.B.I: ($ **)**	TOTAL