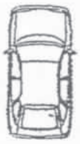
INS. CASE OWNER: CC S / AIA 1900 9518 / Jeas | IDAC:

ASSIGNMENT

Surveyor: OHJ DOI: 27/5/19 Date / Time : 27/5/19

Registered in Merimen: 29/5/19

Pre-assign / CCU / FTE



Insured Vehicle No. : SJE 8907 L		Claim No. :	
Name of Insured :		Policy No. :	
Insured Tel No. :	HP:	Make / Model :	
Excess Sec II :S$	D.O.A : 24/5/19	Place of Accident :	
Is driver the owner? (YES / NO)	Nature of Accident :		

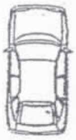
If NO, Driver Name / Age :

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

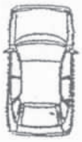
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

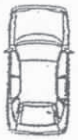
SMB 5084 K → ______ → ______ → ______



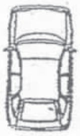
INSRS:
WSP: SMPT. W
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SMB 5084 K - MALAG1 900915214 4 : 100%: 24/5/19.
	SJE 8907L S - U31FQ11800428416663192: 100%: 4/3/18

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:	

AIG

AUTHORIZATION TO ACT

(AIG Asia Pacific -- EXPRESS THIRD PARTY CLAIM)

I, Jiang Pei ("the third party claimant) of Blk 756 Jurong West St 74 #13-645 (640756) (address), owner of SJN 2825G (vehicle no.) hereby authorize SK Automobile Pte Ltd ("the workshop") to act for me with respect to claim for repair costs and/or rental and/or loss of use ("claim") for my vehicle no. SJN 2825G that was damaged pursuant to the accident which occurred on 19/04/18 (date) along Clementi Road Into AYE (Tuas) (location) involving vehicle no/s SLS 6653J ("the accident").

I further authorize the workshop to settle the above mentioned claim in a manner that they deem fit and the workshop is further authorized to receive payment further to settlement of my claim with payment cheque/s made in favour of the workshop.

I further acknowledge that any settlement the workshop may reach on my behalf is on a without prejudice and without admission of liability basis insofar as the driver/owner/insurers of the other vehicle/s is concerned.

Date this 17 day of December (month) 2018 (year)

Signed by "the third party claimant"

SK AUTOMOBILE PTE LTD

Signed by "the workshop"

Surveyor: Hwee Jie | REF: A16

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

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.

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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No. SMB 5084K Yr Regn: 1 Sep 2015

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

Truck / Trailer or _____

Make: Enviro 500 c.c 8849

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

Sp.Reading 268612 T/Radio: Insured / Std / NI / NA

Eng/No: -

C/No: SFD76CLR5FMTL4040

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: 305/70R22.5

R: -

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

TOYO / YOKO or Firenza

Front		Rear	
R/Bal.	7 mm	R/Bal.	7/7 mm
L/Bal.	7 mm	L/Bal.	7/7 mm
D.O.A.	24/5/19	D.O.I.	21/5/19

Survey held at Surf

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?

1) ☐ : Preli. Report

☐ : Final Report

Date/Time. File Return to?

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