

15/5/2010

CC 3/AIG150 13928 / Kna3

LKK:

IDAC:

INS. CASE OWNER:

ASSIGNMENT

Surveyor:

Kenneth

DOI:

17-08-15

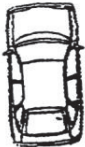
Date / Time:

17-08-15

Registered in Merimen:

18-08-15

Pre-assign / CCU / FTE



Insured Vehicle No.: SJP 9847L

Name of Insured:

Insured Tel No.: HP:

Excess Sec II :SS

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

If NO, Driver Name / Age:

Driver Tel No.:

Claim No.:

Policy No.:

Make / Model:

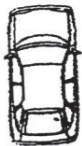
Place of Accident:

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

(V/L: YES / NO Insured Liability:

% Final ? Yes / No

SHP 520A



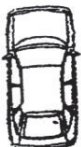
INSRS:

WSP: Trans Cab

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date / Time	STAGE	DATE / PIC
	FOR CSO ONLY:	
	Is driver the owner? (YES / NO)	
	If NO, Driver Name / Age:	
	Driver's Own Vehicle Number:	Insurance Company:
	SHP 520A - CC3/AIG11019998/Knlg292	
	SJP 9847L - X	
	Finalisation:	
	Email AIG for OI GIA:	
	Apt letter to OI:	
	Call OI:	
	After call ltr to OI:	
	Type Report:	
	Prepare Invoice:	
	Others:	
	Documentation Check List:	
	Handler	Typist
	OI Apt Ltr:	
	Authorisation To Act:	
	Release Voucher:	
	Final Repair Bill:	
	Car Rental Invoice:	
	LTA / GIA:	
	Medical Bill:	
	Approval Email:	
	Payment Breakdown Form:	
	Others:	

FINAL SETTLEMENT

Date:

Confirm with

% (Agreed / Assessed)

BOLA S/N No.:

Repair Cost:

S\$

Final Liability:

If NO or B 28, Ass. Lia:

Loss of Rental:

S\$

(days)

1) Claim status: Normal/Reject/Private Settle

Loss of Use:

S\$

(\$ x days)

(03.1.10)

ASS. REC. BY:

REF:

AIG/

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To inspect Vehicle No: _____

at Workshop m/s Trans Cab

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 Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 1 1/2 days Res.: Yes or NoLum Sum: 1.31 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: S140 520A Yr Regn: 04, 09

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

Truck / Trailer or

Make: Toy Wish c.c. 1794Colour: Red A/C: Insured / Std / NI / NASp. Reading: 702065 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTDER12W 903 001827Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 195/65R15

R: _____

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

TOYO / YOKO or

Front R/Bal. 8 mmRear R/Bal. 3 mmL/Bal. 8 mmL/Bal. 3 mmD.O.A. 30/7/15D.O.I. 17/8/15

Survey held at _____

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

O/S RT

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

Date / Time	Action / Instruction
18/8	625.00 Salary
~	File pass to Catherine

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 (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)

Photos

Others

Report Format : _____