

INS. CASE OWNER:

CC 3, MG 190 10391, Ken3

LKK:

IDAC:

Surveyor:

KSL

DOI:

ASSIGNMENT

11-6-19

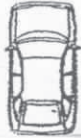
Date / Time:

11-6-19

Registered in Merimen:

12-6-19

Pre-assign / CCU / FTE



Insured Vehicle No. : SMG 2759R

Name of Insured :

Insured Tel No. :

HP:

Excess Sec II : SS

D.O.A: 8/6/2019

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

SLJ 3938E

SMG 2759R

SHD 40T

SJP 3427E



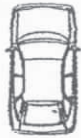
INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

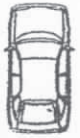
WSP:

Tel :

Liability :

RMKS:

07



INSRS:

WSP:

Tel :

Liability :

RMKS:

Trans-cab

4p



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

SHD 40T - C03/FU150 21481 K6bd1 : DOA: 8/12/15
 SMG 2759R - C04/ASM 190 10158/10463 : DOA: 8/6/19
 - NATA/619010281 24 : DOA: 8/6/19

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\$

Disbursement:

S\$

(e.g. Tow/ Independent)

Legal Cost

S\$

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

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:

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 _____

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.



Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 05 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: S11D 407Yr Regn: 031 15

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

Truck / Trailer or _____

Make: Renault

c.c

1995Colour: M. White / R

A/C:

Insured / Std / NI / NA

Sp. Reading 470279

T/Radio:

Insured / Std / NI / NA

Eng/No: _____

C/No: VFI ABL 15AUX 281533Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orMod: Nil / S/Rim / STD A/Rim orTyre Size: F: 215/60R16

R: _____

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

TOYO / YOKO or Gti

Front

Rear

R/Bal. 7 mmR/Bal. 5 mmL/Bal. 7 mmL/Bal. 5 mmD.O.A. 8/6/19D.O.I. 11/6/19

Survey held at _____

Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or2 & 4

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

1 File pass to

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trlp: _____

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

S + RS. SI

Fees

Others

TOTAL

Report Format :

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