15/5/2010

INS. CASE OWNER: CC 4 / AIG 190 10702 / Tika3

LKK:

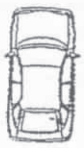
IDAC:

ASSIGNMENT

Surveyor: WMA DOI: 24/6/19 Date / Time : 17/6/19

Registered in Merimen: 17/06/2019

Pre-assign / CCU / FTE



Insured Vehicle No. : SLZ 1325C

Name of Insured :

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 23/04/2019

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. :

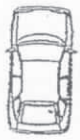
Make / Model :

Place of Accident :

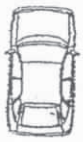
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % Final ? Yes / No

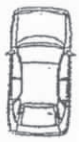
SMK 6459J →



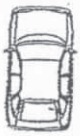
INSRS:
WSP: CAS GARAGE
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SMK 6459J – X SLZ 1325C – 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:		

'RELIMINARY ADVICE Date/Time: Sent By:

'INALIZATION Date/Time: Confirm with: Confirm by:

epair Cost: L/S S$ 1,500.00 (2 days) Reduction: 4,115.44/73 % Email Call

'INAL SETTLEMENT Date/Time: 28/9/2020 Confirm with NICOLE Email ✓ Call

inal Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
epair Cost:	S$ 1,500.00	
oss of Rental (LOR):	S$ 300 (3 days) X $100	
oss of Use (LOU):	S$ ($ x days)	
oss of Income (LOI):	S$ ($ x days)	
OR only ✓ LOU only	LOR + LOU LOR + LOI [Tick only one]	
IA/LTA Search	S$ 29.00	
edical:	S$	
isbursement:	S$ (e.g. Tow/ Independent)	1) Claim status: Normal/Reject/Private Settle
gal Cost	S$	2) Report Format: TP
otal:	S$ 1,829.00 Global Sum S$: 1,800.00	3) Survey fee: $320

'NAL PAYMENT Date/Time: Confirm with: Email Call

yee 1:	S$ 1,800.00	Name 1:	CAS GARAGE PTE LTD
yee 2: (Strike if N.A.)	S$	Name 2:	
yee 3: (Strike if N.A.)	S$	Name 3:	

Surname: Tan | REF: AIG

ASSIGNMENT

From: Date:

Estimated Cost:

OD / TD / 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
	X X

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: SMK6459J Yr Regn: 2019 / April

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

Make: Hyundai Avante 1.6 GG

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

Sp.Reading 3445 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: KMHD841CMKU880889

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: 205/55R16

R:

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.		D.O.I.	24/6/19

Survey held at CAS Garage #02-22

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)

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	