

CC6/AIG19011407/Eba3

15/5/2010

INS. CASE OWNER:

LKK:
IDAC:

Surveyor: STEVE DOI: ASSIGNMENT 26/6/19 Date / Time : 26/6/19
Registered in Merimen: 26/6/19

Pre-assign / CCU / FTE



Insured Vehicle No. : GR 1288C Claim No. : 5703728577SG
Name of Insured : _____ Policy No. : _____
Insured Tel No. : _____ HP: _____ Make / Model : _____
Excess Sec II :SS D.O.A : 26/6/19 Place of Accident : _____
Is driver the owner? (YES / NO) Nature 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

SMG 55612 → → → → →



INSRS:
WSP: Green Forest
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	<u>SMG 55612 - 1</u>	Non-Reporting ltr (1st):	
	<u>GR1288C - 1</u>	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)	<input checked="" type="checkbox"/> <input type="checkbox"/>
		After call ltr to OI:	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Authorisation To Act:	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Release Voucher:	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Final Repair Bill:	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
		Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
		LTA / GIA :	<input type="checkbox"/> <input type="checkbox"/>
		Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
<u>02/07/2020</u>	<u>SETTLED AND CLOSED</u>	PIR:	<input type="checkbox"/> <input type="checkbox"/>
		Mandate/Reject Instruction:	<input checked="" type="checkbox"/> <input type="checkbox"/>
		LOD	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>

PRELIMINARY ADVICE Date/Time: _____ Sent By: _____ Confirm by: _____

FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____
Repair Cost: L/S S\$ 10,000.00 (10 days) Reduction: 58.18 % Email Call

FINAL SETTLEMENT Date/Time: 02/07/2020 Confirm with: CHAN PICK YUEN Email Call

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 27 If NO or B 28, Ass. Lia :

Repair Cost: (W/GST) S\$ 10,700.00 OID rear-ended TP

Loss of Rental (LOR): S\$ _____ (_____ days)

Loss of Use (LOU): S\$ 720.00 (\$60.00 x 12 days)

Loss of Income (LOI): S\$ _____ (\$ _____ x _____ days)

LOR only LOU only LOR + LOU LOR + LO [Tick only one]

GIA/LTA Search S\$ _____

Medical: S\$ _____

Disbursement: S\$ _____ (e.g. Tow/ Independent)

Legal Cost S\$ _____

Total: S\$ 11,420.00 **Global Sum S\$:** 11,400.00

FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email Call

Payee 1: S\$ 11,400.00 Name 1: GREEN FOREST AUTOMOBILE PTE LTD

Payee 2: (Strike if N.A.) S\$ _____ Name 2: _____

Payee 3: (Strike if N.A.) S\$ _____ Name 3: _____

1) Claim status: Normal/Reject/Private Settle
2) Report Format: TP
3) Survey fee: \$320.00

Invoice *Steve*

REF: *AIG*

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop n/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: _____ days Res.: Yes or No

Lump Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

N/S	O/S

Veh No: *SMG55612* Yr Regn: *28/07/15*

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

Make: *Renault Finance* CC: *1461*

Colour: *Grey* A/C Insured / Std / Nil

Sp. Reading: *108172* T/Ratio: Insured / Std / Nil

Eng/No: _____

Ci/No: *VFIL ZLFOE5J1941F8*

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: *205/55R17*

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or *Cinturato Pirelli*

Front: _____ Rear: _____

R/Bal. *7* mm R/Bal. *7*

L/Bal. *7* mm L/Bal. *7*

D.O.A. _____ D.O.I. *26/6/19*

Survey held at *Green Forest*

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

The UIC / Chassis frame / Body Structure affected due to co

Date / Time Action / Instruction

MV-5JK

Date/Time, File Pass to: : Prel. Report

1) : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation _____

Date/Time, File Return to? _____

2) _____

Report Format: _____

Lump Sum / I.B.L: (\$) _____

Add Fee: : Site Insp (\$ _____)

: Interview (\$ _____)

: Tech Invs (\$ _____)

: Weekend (\$ _____)