

15/5/2010

INS. CASE OWNER:

CC3 /AIG1901

1591, K163

LKK:

IDAC:

Surveyor:

Kenneth

DOI:

ASSIGNMENT

28/6/11

Date / Time :

28/6/11

Registered in Merimen:

1/7/11

Pre-assign / CCU / FTE



Insured Vehicle No. :

SJP 3585G

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :S\$

D.O.A :

27/6/11

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

SHC 56911

INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:Trans  
cabINSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

| Date/ Time                                                                                                                               | STAGE                              | DATE / PIC                                                   |
|------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------------------------|
| SHC 56911-X                                                                                                                              | Non-Reporting ltr (1st):           |                                                              |
| SJP 3585G-X                                                                                                                              | Non-Reporting ltr (2nd):           |                                                              |
|                                                                                                                                          | Non-Reporting ltr (Final):         |                                                              |
|                                                                                                                                          | Notification ltr (if non-pickup):  |                                                              |
|                                                                                                                                          | Call OI:                           |                                                              |
|                                                                                                                                          | After call ltr to OI:              |                                                              |
|                                                                                                                                          | <b>Documentation Check List:</b>   | <b>Handler</b> <b>Typist</b>                                 |
|                                                                                                                                          | Notification ltr (if non-pickup)   | <input type="checkbox"/> <input type="checkbox"/>            |
|                                                                                                                                          | After call ltr to OI:              | <input type="checkbox"/> <input type="checkbox"/>            |
|                                                                                                                                          | Authorisation To Act:              | <input type="checkbox"/> <input type="checkbox"/>            |
|                                                                                                                                          | Release Voucher:                   | <input type="checkbox"/> <input type="checkbox"/>            |
|                                                                                                                                          | Final Repair Bill:                 | <input 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"/>            |
|                                                                                                                                          | PIR:                               | <input type="checkbox"/> <input type="checkbox"/>            |
|                                                                                                                                          | Mandate/Reject Instruction:        | <input type="checkbox"/> <input type="checkbox"/>            |
|                                                                                                                                          | LOD                                | <input type="checkbox"/> <input type="checkbox"/>            |
|                                                                                                                                          | Payment Breakdown Form:            | <input type="checkbox"/> <input type="checkbox"/>            |
|                                                                                                                                          | Post-Repair Photos:                | <input type="checkbox"/> <input type="checkbox"/>            |
|                                                                                                                                          | Others:                            | <input type="checkbox"/> <input type="checkbox"/>            |
| <b>PRELIMINARY ADVICE</b> Date/Time:                                                                                                     | Sent By:                           | Confirm by:                                                  |
| <b>FINALIZATION</b> Date/Time:                                                                                                           | Confirm with:                      | Confirm by:                                                  |
| Repair Cost: S\$                                                                                                                         | ( days) Reduction: %               | Email <input type="checkbox"/> Call <input type="checkbox"/> |
| <b>FINAL SETTLEMENT</b> Date/Time:                                                                                                       | Confirm with:                      | Email <input type="checkbox"/> Call <input type="checkbox"/> |
| 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 <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LO <input type="checkbox"/> | [Tick only one]                    |                                                              |
| GIA/LTA Search S\$                                                                                                                       |                                    |                                                              |
| Medical: S\$                                                                                                                             |                                    |                                                              |
| Disbursement: S\$                                                                                                                        | (e.g. Tow/ Independent )           | 1) Claim status: Normal/Reject/Private Settle                |
| Legal Cost S\$                                                                                                                           |                                    | 2) Report Format:                                            |
|                                                                                                                                          |                                    | 3) Survey fee:                                               |
| <b>Total:</b> S\$                                                                                                                        | <b>Global Sum S\$:</b>             |                                                              |
| <b>FINAL PAYMENT</b> Date/Time:                                                                                                          | Confirm with:                      | Email <input type="checkbox"/> Call <input type="checkbox"/> |
| 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:

AIGI

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:

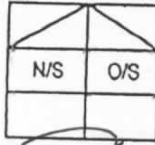
Excess:

(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 Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

03

days

Res.: Yes or No

Lum Sum:

20

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

S/HC 5691L

Yr Regn:

11, 14

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

Truck / Traller or

Make:

Perodua Lantia

c.c

1895

Colour:

M. White / Red

A/C:

Insured / Std / NI / NA

Sp. Reading

528239

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

V11AB2 15AUC 280284

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Mtl / S/Rlm / STD A/Rlm or

Tyre Size:

F:

R:

215/60R16

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

GTA

Front

R/Bal.

J

mm

Rear

R/Bal.

J

mm

L/Bal.

J

mm

L/Bal.

J

mm

D.O.A.

27/6/19

D.O.I.

28/6/19

Survey held at

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

1) File pass to  
11 Lm @ 8000

Date/Time, File Pass to?

☐

: Prell. Report

1)

Date/Time, File Return to?

☐

: Final Report

2)

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Survey Fee:

Transportation:

\$ - RS. \$

Fees

Others

TOTAL

Report Format :

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