

15/5/2010

INS. CASE OWNER:

CC 3 /AIG1901

1786, Edb3

LKK:

IDAC:

Surveyor:

STEVE

DOI:

ASSIGNMENT

17/5/10

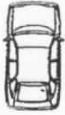
Date / Time :

17/5/10

Registered in Merimen:

17/5/10

Pre-assign / CCU / FTE



Insured Vehicle No. :

SKT 17412

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :\$

D.O.A :

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

SKL 42577



INSRS:

WSP:

Tel :

Liability :

RMKS:

SMET



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time		STAGE	DATE / PIC
	SKL 42577-X	Non-Reporting ltr (1st):	
	SKL 17412-X	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:	Confirm by:
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FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost:	\$	(days) Reduction:	%
			Email ☐ Call ☐

FINAL SETTLEMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
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Final Liability:	%	(Agreed / Assessed) BOLA S/N No. :	If NO or B 28, Ass. Lia :
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Repair Cost:	\$		
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Loss of Rental (LOR):	\$	(days)	
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Loss of Use (LOU):	\$	(\$ x days)	
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Loss of Income (LOI):	\$	(\$ x days)	
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LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LO ☐ [Tick only one]			
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GIA/LTA Search	\$		
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Medical:	\$		
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Disbursement:	\$	(e.g. Tow/ Independent)	1) Claim status: Normal/Reject/Private Settle
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Legal Cost	\$		2) Report Format:
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			3) Survey fee:
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Total:	\$	Global Sum \$:	
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FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
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Payee 1:	\$	Name 1:	
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Payee 2: (Strike if N.A.)	\$	Name 2:	
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Payee 3: (Strike if N.A.)	\$	Name 3:	
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Steve

REF:

AIG

ASSIGNMENT

From

Date:

Estimated Cost

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

To Inspect Vehicle No:

at Workshop m/s:

nt

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:

days Res.: Yes or No

Lum Sum:

% 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

Date / Time Action / Instruction
GIA report 3/7/19 sent to me

Veh No

SHC 4357J

22/11/13

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

Truck / Trailer or

Make: Toyota

1798

Colour

Maroon

A/C Insured / Std

Sp. Reading

653749

T/Rail: Insured / Std

Eng/No:

Ci/No:

JTO KN 364 805 705010

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:

195/65R15

R:

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

Front

Rear

R/Bal.

5

mm

R/Bal.

5

L/Bal.

5

mm

L/Bal.

5

D.O.A.

D.O.I.

2/7/14

Survey held at

SMRT

Des. of Damages: Frl / Rear / O/S / NIS / UIC / Rooftop

The UIC / Chassis frame / Body Structure affected due

06/19/2118
SKT 13412

Date/Time, File Pass to:

☐

Prell. Report

4)

☐

Final Report

Date/Time, File Return to:

2)

Report Format:

Lump Sum / I.B. (3)

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Survey Fee:

Transportation

3 - R. 01

Photos

Labels

1

2000