

INS. CASE OWNER:

CC 4, AG 190 13278, Uka3

LKK:

IDAC:

Surveyor:

M. Aruns

DOI:

ASSIGNMENT

30/3/2019

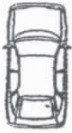
Date / Time:

29/3/2019

Registered in Merimen:

29/3/2019

Pre-assign / CCU / FTE



Insured Vehicle No. :

SLE 854 J

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :S\$

D.O.A :

15/7/2019

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

FX 386P



INSRS:

WSP:

Tel :

Liability :

RMKS:

FIA 9mm



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

FX 386P - X ;

SLE 854 J - 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:

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:

Mumt.

REF: AIG

ASSIGNMENT

From:

Date:

30/07/19

Veh No:

FX386P

Yr Regn:

1

Estimated Cost:

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

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

Truck / Trailer or

To Inspect Vehicle No:

FX386P

Make:

BMW

C.C

at Workshop m/s

FTA Performance

Colour

Yellow

A/C: Insured / Std / NI / NA

of

8kerki Bukit Ave 4 # 07-26 premier

Sp. Reading

15432

T/Radio: Insured / Std / NI / NA

Insured:

Eng/No:

WB10A0104FX154305

Policy No.

C/No:

Claims No.

Gen. Cond: Good / Fair / Poor / Burnt

Sum Insured:

Excess:

Steering: Inorder / Jammed / Leaked / Burnt or

(Client's Record)

Brake: Inorder / Jammed / Leaked / Burnt or

Make of Veh:

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

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



Bal. or Market Value:

Tyre Size:

F:

120/70ZR15

R:

170/60ZR17

IDAC Accident Rpt:

Consistent? : Yes or No

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

GIA / PR Seen:

Consistent? : Yes or No

TOYO / YOKO or

metzeler

Est. Repairs:

days

Res.: Yes or No

Front

Rear

Lum Sum:

%

3 Val.: Yes or No

R/Bal.

mm

R/Bal.

mm

L/Bal.

mm

L/Bal.

mm

D.O.A.

D.O.I.

30/7/19

Survey held at

CA / REV / REP. / 24 HRS (up)

Vehicle: IN / OUT

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

O/S, N/S Body.

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

Repair top box

Date/Time, File Pass to?

☐

Preli. Report

Days Of Repair:

1)

☐

Final Report

Resurvey No. of Trip:

Date/Time, File Return to?

2)

Add Fee:

☐

Site Insp (\$

Survey Fee:

Transportation:

Photos

Others

TOTAL

Report Format :

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

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$