

15/5/2010

INS. CASE OWNER:

CC 4/AIG1901

3620, Fnb3

LKK:

IDAC:

Surveyor:

Ram.

DOI:

ASSIGNMENT

5/8/19

Date / Time :

2/8/19

Registered in Merimen:

5/8/19

Pre-assign / CCU / FTE



Insured Vehicle No. :

SCN 23A

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :\$S

D.O.A :

2/8/19

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

Sjx 2209H



INSRS:

WSP:

Tel :

Liability :

RMKS:

biny
Ha.

INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time	STAGE	DATE / PIC	
Sjx 2209H-x	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:	☐	☐	
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 + LO ☐	[Tick only one]		
GIA/LTA Search	\$S		
Medical:	\$S		
Disbursement:	(e.g. Tow/ Independent)	1) Claim status: Normal/Reject/Private Settle	
Legal Cost	\$S	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:

REF: AIG

PRS

ASSIGNMENT

From:

Date:

5/8/19

Estimated Cost:

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

To Inspect Vehicle No:

SJX 2209H

at Workshop m/s

Seng Hai Motor

of

BLK 3012, Bedok North Ave 4 #

Insured:

01-2058

Policy No.

Claims No.

Sum Insured:

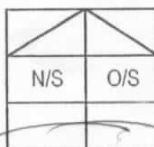
Excess:

(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

Lum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS 1up

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SJX 2209H

Yr Regn:

MAY / 2010

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

Truck / Trailer or

Make:

Toyota Wish 1.8X A

c.c

1797

Colour:

White

A/C:

Insured / Std / NI / NA

Sp. Reading

230274

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

ZGE20-0025639

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: 205/55 R16

R: 205/55 R16

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

TOYO / YOKO or

Front

Rear

R/Bal.

5

mm

R/Bal.

6

mm

L/Bal.

5

mm

L/Bal.

6

mm

D.O.A.

7/7/2019

D.O.I.

5/8/2019

Survey held at

Seng hai motor

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

DAR

MV: \$22000

PV: \$12656

NY: \$9000

Date/Time, File Pass to?



Preli. Report

1)



Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:



Site Insp (\$



Interview (\$



Tech. Invs (\$



Weekend (\$

S + RS + SI

Photos

Others

TOTAL

Report Format:

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