

INS. CASE OWNER:

Chan Kian Meng

CC4/AIG19015735/ Kha3

LKK:

IDAC:

Surveyor:

KENNETH

DOI:

ASSIGNMENT

06/09/2019

Date / Time : 09/05/2019

Registered in Merimen: 09/05/2019

Pre-assign / CCU / FTE



Insured Vehicle No. : SKX 5331E

Name of Insured : FARAH ANJUM

Insured Tel No. : HP:

Excess Sec II :S\$

D.O.A : 4/9/19

Is driver the owner? (YES / NO) Nature of Accident :

If NO, Driver Name / Age : BABAR NAZIR

Driver Tel No. : +65-91786039

(V/L: YES / NO)

Claim No. : 3331781359SG

Policy No. : 2100439805

Make / Model : KIA CERATO-1.6 SX (A)

Place of Accident : TELOK BLANGAH RD NEAR VIVOCITY / SENTOSA GATEWAY

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % Final ? Yes / No

SLW 5190M



INSRS:

WSP: SUPREME AUTO

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time	SLW 5190M - X	SKX 5331E - 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\$		1) Claim status: Normal/Reject/Private Settle	
Disbursement:	S\$	(e.g. Tow/ Independent)	2) Report Format:	
Legal Cost	S\$		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:		

REF: **AIG**

ASS. REC. BY:

ASSIGNMENT

From:

Date: **6/9/19**

Estimated Cost:

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

To Inspect Vehicle No: **SLW 5190M**

at Workshop m/s

Supreme Autoof **No. 176 Sin Ming Drive #02-01**

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.**

☒	☐
N/S	O/S
☐	☐

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:

SLW 5190M r Regn: **1**Type: ☒ M.Car / ☐ M.Cycle / ☐ Bus / ☐ Van / ☐ Lorry / ☐ Taxi / ☐ Prime Mover /

Truck / Trailer or

A)

Make:

Mazda 3

C.C.

Colour:

M. BlueA/C: **Insured / Std / NI / NA**

Sp. Reading

67394T/Radio: **Insured / Std / NI / NA**

Eng/No:

C/No:

JM 8BN 22A 814 0161854Gen. Cond: **Good** / Fair / Poor / BurntSteering: **Inorder** / Jammed / Leaked / Burnt orBrake: **Inorder** / Jammed / Leaked / Burnt orModi: **Nil** / S/Rim / STD **A/Rim** or

Tyre Size:

F:

205/60R16

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

7 mm

R/Bal.

7 mm

L/Bal.

7 mm

L/Bal.

7 mm

D.O.A.

1/1

D.O.I.

6/9/19Survey held at ☒Des. of Damages: **Frt** / Rear / O/S / N/S / U/C / Rooftop or**N/S**The **U/C** / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

GIA not ready

Date/Time, File Pass to?

☐

Prel. Report

1)

☐

Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL

Report Format:

Lump Sum / L.B.J. (\$)

Add Fee: ☐ Site Insp (\$)☐ Interview (\$)☐ Tech. Invs (\$)☐ Wheel end (\$)