15/5/2010

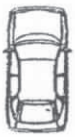
INS. CASE OWNER: JIMMY FOO | CC4/AIG19016129/Kha3 | LKK: IDAC:

ASSIGNMENT

Surveyor: KENNETH DOI: 11/09/2019 Date / Time : 10/09/2019

Registered in Merimen: 11/09/2019

Pre-assign / CCU / FTE



Insured Vehicle No. : GBA 4087U Claim No. : 5226481384SG

Name of Insured : SANTA BOEKI PTE LTD Policy No. : 2100374299

Insured Tel No. : HP: Make / Model : CITROEN BERLINGO-1.6 D HDI

Excess Sec II :S$ D.O.A : 04/09/2019 07:25 Place of Accident : ALONG BOON LAY AVENUE

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

If **NO**, Driver Name / Age : KOH CHAI HUEI OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : +65-91447195 (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

SLJ 4992R → → →

INSRS:
WSP: SIN MING
Tel : AUTOCARE BFG
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	GBA 4087U - NA/INC12004096/e1; DOA: 26/02/2012
	SLJ 4992R - 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:	

ASS. REC. BY: | REF: AIG

ASSIGNMENT

From: | Date: 11/9/19

Estimated Cost:

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

To Inspect Vehicle No: SLJ 4992R

at Workshop m/s Sin Ming Autocare (BFG)

of 176 Sin Ming Drive #02-05

Insured:

Policy No.

Claims No.

Sum Insured: | Excess:

(Client's Record)

Make of Veh: 12.15pm - 12.30pm

(Policy Condition)

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

N/S	O/S

Bal. or Market Value: $ 20k

IDAC Accident Rport: | Consistent? : Yes or No

GIA / PR Seen: | Consistent? : Yes or No

Est. Repairs: 06 days | Res.: Yes or No

Lum Sum: 20 % | 3 Val.: Yes or No

CA / REV / REP. / 24 HRS lump

Vehicle: IN / OUT

Date: | Person Contacted:

Veh No: SLJ 4992R | Yr Regn: 08 / 10

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

Make: Volkswagen (A) Golf TSI c.c 1390

Colour M. Black | A/C: Insured / Std / NI / NA

Sp.Reading ~~M. Black~~ 187683 | T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WVW ZZZ1KZAW 333417

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: B.S 225/40R18

R: Mic — —

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

Front		Rear	
R/Bal.	4 mm	R/Bal.	2 mm
L/Bal.	4 mm	L/Bal.	2 mm
D.O.A.	4/9/19	D.O.I.	1/9/19

Survey held at ✓

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

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

Date / Time	Action / Instruction
	C/Ltr @ 353d email

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Prell. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

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

Report Format :

Lump Sum / I.B.I: ($)

Survey Fee:	
Transportation:	
___S + RS, ___SI	
Photos	
Others	
TOTAL	