15/5/2010

INS. CASE OWNER: JIMMY FOO | CC3/AIG19016430/Eka3 | LKK: IDAC:

ASSIGNMENT

Surveyor: STEVE DOI: 16/09/2019 Date / Time : 16/09/2019

Registered in Merimen: 17/09/2019

Pre-assign / CCU / FTE

Insured Vehicle No. : SME 4969Z Claim No. : 8407065804SG

Name of Insured : LIM QING KANG,SHAWN Policy No. : 1800114450

Insured Tel No. : HP: +65-86112212 Make / Model : KIA CERATO

Excess Sec II :S$ D.O.A : 13/09/2019 13:05 Place of Accident : 88 TANGLIN HALT ROAD S 141088

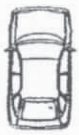
Is driver the owner? (YES / NO) Nature of Accident :

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

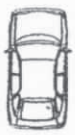
Driver Tel No. : (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

SHD 6350J → → →

INSRS:
WSP: SMRT , WL
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SME 4969Z - X
	SHD 6350J - NS/INC17023332/Stbe2 - ; DOA: 06/12/17
	- CC3/AXA14016814/K1sy3w2; DOA: 31/8/14
	- CC3/AXA13019053/R1py3c3; DOA:8/10/13

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. REG. B: steve. | REF: AIG.

ASSIGNMENT

From: Date:

Estimated ...:

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

To Inspect Vehicle No:

at Workshop of:

of:

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 Rport: Consistent? : Yes or No

GIA PR Seen: Consistent? : Yes or No

Est. Repairs days Res.: Yes or No

Lump Sum % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date Person Contacted:

Veh. No: SHP 6350J Yr Regn: 20/NOV/2015

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

Make: Toyota Prius. cc 1798

Colour: Maroon. A/C: Insured / Std / NI / NA

Sp Reading: 353095 T/Radio: Insured / Std / NI / NA

Eng/No: —

C/No: JTDKN36U905767211

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: 195/65 R15

R: 195/65 R15

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

Front			Rear		
R/Bal.	5	mm	R/Bal.	5	mm
L/Bal.	5	mm	L/Bal.	5	mm

D.O.A. 13/09/2019 D.O.I. 16/09/2019.

Survey held at: smrt.

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

Third Party SME 4969Z

Date/Time File Pass to? ☐ : Preli. Report

1) ☐ : Final Report

Date/Time File Returned?

2)

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ Site Insp ($)

☐ Interview ($)

☐ Tech. Invs ($)

☐ Weekend ($)

Survey Fee:

Transportation

__S + RS.__ SI

Photos

Others

TOTAL

Report Format

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