

15/5/2010

INS. CASE OWNER:

CC3 /AIG1901

LKK:

IDAC:

Surveyor:

Rasul

DOI:

ASSIGNMENT

M/Alia

Date / Time :

M/Alia

Registered in Merimen:

M/Alia

Pre-assign / CCU / FTE



Insured Vehicle No. :

SL5 5787M

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :S\$

D.O.A :

18/Alia

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

smh 3791P



INSRS:

WSP:

Tel :

Liability :

RMKS:

premium



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time		STAGE	DATE/ PIC
	smh 3791P-X		
	SL5 5787M-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:	
		Post-Repair Photos:	
		Others:	
PRELIMINARY ADVICE Date/Time:		Sent By:	
FINALIZATION Date/Time:		Confirm with:	
Repair Cost: S\$		Confirm by:	
(days) Reduction:		Email ☐ Call ☐	
FINAL SETTLEMENT Date/Time:		Confirm with:	
Final Liability: %		Email ☐ Call ☐	
(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: S\$		(e.g. Tow/ Independent)	
Legal Cost S\$			
Total: S\$		Global Sum S\$:	
FINAL PAYMENT Date/Time:		Confirm with:	
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:

ALG

5581

ASSIGNMENT

From:

Date:

25/9/2019

Estimated Cost:

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

To Inspect Vehicle No:

SMG 3791P

at Workshop m/s

Premium

of

281 Alexandra Road

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

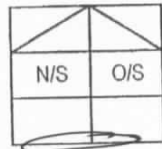
(Client's Record)

Make of Veh:

2pm (working)

(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 up

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SMG 3791P

Yr Regn: 2018/066

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

Truck / Trailer or

Make:

Audi A3 Sportback 1.0TFSI C.C. 999

Colour

Blue

A/C: Insured / Std / NI / NA

Sp. Reading

7630

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

WAH2228VOKA028411

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

205/55R16

R:

BS / DUN / EXNOVA / GY / FS / LIZA / M/C / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

18/02/19

D.O.I.

25/09/19

Survey held at

Premium

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

Date/Time, File Pass to?

☐

: Preli. Report

1)

Date/Time, File Return to?

☐

: Final Report

2)

Rep. Form:

Lump Sum / LB. J. C.

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$