15/5/2010

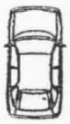
INS. CASE OWNER: CC 3/AIG1901 7799, EH63 | LKK: IDAC:

**ASSIGNMENT**

Surveyor: STEVE DOI: 8/10/19 Date / Time : 8/10/19

Registered in Merimen: 9/10/19

**Pre-assign / CCU / FTE**



Insured Vehicle No. : SLH 1492D Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

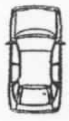
**Excess Sec II :S$** D.O.A : 5/10/19. Place of Accident :

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

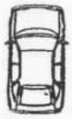
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

SHB 5829M → → →



INSRS:
WSP: SMRT
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

| Date/ Time | | STAGE | DATE / PIC |
|---|---|---|---|
| | SHB5829M-F SMU1492K-F | 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 ☐ Cal ☐ |
| 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$ | | 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 ☐ Cal ☐ |
| Payee 1: | S$ | Name 1: | |
| Payee 2: (Strike if N.A.) | S$ | Name 2: | |
| Payee 3: (Strike if N.A.) | S$ | Name 3: | |

As: Steve REF AIG

# ASSIGNMENT

Fm: Date:

Est: [illegible]

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

To: Last Vehicle No:

at Workshop: [illegible]

of

Insd:

Policy No:

Claim No:

Sum Insured: Excess:

Driver's Rec:

Make of Veh:

(Policy Date)

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

| N/S | O/S |
|---|---|
| | |

Bal of Market Value:

IDA Accident Rpt: Consistent? : Yes or No

GIA PR Scan: Consistent? : Yes or No

Est Repairs: days Res.: Yes or No

Loss %: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle. IN / OUT

Date: Person Contacted:

Veh No: SHB 5829M Yr Regn: 9/7/14

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

Make: Toyota Altis cc: 1797

Colour: Metrin A/C: Insured / Std / NI

Spd Reading: 463571 T/Radio: Insured / Std / NI

Eng No:

C/No: JTDKN36U605746896

Gen Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195/65R15

R: "

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

| Front | | Rear | |
|---|---|---|---|
| R/Bal. | 5 mm | R/Bal. | 5 |
| L/Bal. | 5 mm | L/Bal. | 5 |
| D.O.A. | 5/10/19 | D.O.I. | 8/10/19 |

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 col

| Date | Time | Action / Instruction |
|---|---|---|
| | | 10/19/2020 SLU14920 |

Date: [illegible] ☐ : Preli. Report

1) ☐ : Final Report

Date To Be Ready?

2)

Report Format:

Lump Sum / G.I: ($ )

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ Site Insp ($ )
☐ Interview ($ )
☐ Tech Invs ($ )
☐ Weekend ($ )

Survey Fee

Transportation

$ + RS.

Photos

Others

TOTAL