

15/5/2010

INS. CASE OWNER:

CC 6/AIG1901 9257, Bkbs

LKK:

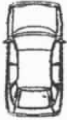
IDAC:

Surveyor: Mr Lim. DOI: 27/10/11

ASSIGNMENT

Date / Time: 20/10/11
Registered in Merimen: 26/10/11

Pre-assign / CCU / FTE



Insured Vehicle No. : SMD 606C

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : S\$ _____ D.O.A : 27/10/11

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

SJT 9687K

INSRS: Tan
WSP: Lim.
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
SJT 9687K - A	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:	☐	
PRELIMINARY ADVICE Date/Time: Sent By:	Post-Repair Photos:	☐
	Others:	☐
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 + LO ☐ [Tick only one]		
GIA/LTA Search S\$		
Medical: S\$		
Disbursement: S\$ (e.g. Tow/ Independent)	1) Claim status: Normal/Reject/Private Settle	
Legal Cost S\$	2) Report Format:	
Total: S\$ Global Sum S\$:	3) Survey fee:	
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: **25/10/2019**

Estimated Cost:

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

To Inspect Vehicle No:

SJT 9687K

at Workshop m/s

Tanlim Motor

of

1 Defu Leine 6

Insured:

Policy No.

Claims No.

Sum Insured:

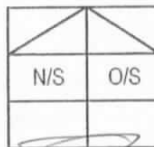
Excess:

(Client's Record)

Make of Veh:

After 2.30pm

(Policy Condition)

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

Bal. or Market Value:

43,000/2

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

4

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:

SJT 9687KYr Regn: **11/11/2009**Type: **M.Car** / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

Toyota Vios EC.C. **1497**

Colour

BeigeA/C: **Insured / Std / NI / NA**

Sp. Reading

246724T/Radio: **Insured / Std / NI / NA**

Eng/No:

1NZX986812

C/No:

MR053H99305135665Gen. Cond: **Good / Fair / Poor / Burnt**Steering: **Inorder / Jammed / Leaked / Burnt** orBrake: **Inorder / Jammed / Leaked / Burnt** orModi: **Nil / S/Rim / STD A/Rim** or

Tyre Size:

F: **185/60/15**R: **185/60/15**BS / DUN / EXNOVA / GY / FS / LIZA / **MIC** / 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.

D.O.I.

25/10/19

Survey held at

Tan Lim MotorDes. of Damages: **Frt / Rear** / O/S / N/S / U/C / Rooftop orThe **U/C / Chassis frame / Body Structure** affected due to collision.

Date / Time

Action / Instruction

D&RMV **43,000/2**PV **6431/2**NV **36,569/2**

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

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 / L&E: (\$)