15/5/2010

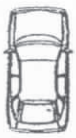
INS. CASE OWNER: NORSIAH | CC4/AIG19019844/Kda3 | LKK: IDAC:

ASSIGNMENT

Surveyor: KENNETH DOI: 08/11/2019 Date / Time : 07/11/2019

Registered in Merimen: 08/11/2019

Pre-assign / CCU / FTE



Insured Vehicle No. : SMF 1630P Claim No. : 0751327306SG

Name of Insured : CHENG TSU LEEN VALERIE Policy No. : 1800128128

Insured Tel No. : HP: +65-81817532 Make / Model : KIA CERATO

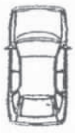
Excess Sec II :S$ D.O.A : 06/11/2019 08:30 Place of Accident : ORCHARD RD INFRONT OF MCDONALD HOUSE

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**

SFP 5848H → → →



INSRS:
WSP: SUPREME AUTO
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SFP 5848H - CF1/AIC07002892/gj XX; DOA: 13/6/07 SMF 1630P - NA/INC19010436/k4; DOA: 11/6/19

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: L/SUM S$ 2,100.00 (4 days) Reduction: 56X % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 23/6/2021 Confirm with CHEW KEONG Email ✓ Call ☐

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 27 If NO or B 28, Ass. Lia :

Repair Cost: S$ 2,100.00

Loss of Rental (LOR): S$ (days)

Loss of Use (LOU): S$ 244.00 ($ 61 x 4 days)

Loss of Income (LOI): S$ ($ x days)

LOR only ☐ LOU only ✓ LOR + LOU ☐ LOR + LOI ☐ **[Tick only one]**

GIA/LTA Search S$ 2.00

Medical: S$ 1) Claim status: Normal/[redacted]

Disbursement: S$ (e.g. Tow/ Independent) 2) Report Format: TP

Legal Cost S$ 3) Survey fee: 320.00

Total: S$ 2,346.00 **Global Sum S$:**

FINAL PAYMENT Date/Time: Confirm with: Email ☐ Call ☐

Payee 1:	S$ 2,346.00	Name 1:	Supreme Auto Service Pte Ltd
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: 8/11/2019

Estimated Cost:

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

To Inspect Vehicle No: SFP 5848H

at Workshop m/s Supreme Auto

of 176 Sin Ming Drive #02-01

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

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS (up)

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SFP 5848H Yr Regn: /

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

Make: BMW 325i (A) c.c

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

Sp.Reading 153087 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WBAPF7101CA783464

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: Pir 225/40R18

R:

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	3 mm
L/Bal.	6 mm	L/Bal.	3 mm
D.O.A.	8/11/19	D.O.I.	8/11/19

Survey held at ✓

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

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

Date / Time	Action / Instruction
	GIA not ready

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Invs ($)

☐ : Weekend ($)

Report Format :

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

Survey Fee:	
Transportation:	
S + RS, SI	
Photos	
Others	
TOTAL	