

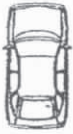
INS. CASE OWNER: **NORSIAH****CC4/AIG19019844/Kda3**

LKK:

IDAC:

ASSIGNMENTSurveyor: **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		STAGE	DATE / PIC
	SFP 5848H - CF1/AIC07002892/gj XX; DOA: 13/6/07	Non-Reporting ltr (1st):	
	SMF 1630P - NA/INC19010436/k4; DOA: 11/6/19	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:	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 + LOI	☐
[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:		
				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:					

REF: AIG

ASS. REC. BY:

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 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:

SFP 5848H

Yr Regn:

/

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

Truck / Trailer or

Make:

BMW 325i

C.C.

Colour:

M. Black

A/C: Insured / Std / NI / NA

Sp. Reading

153087

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

WBAPF 7201CA 793464

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: 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?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL

Report Format:

Lump Sum / L.B.I. (\$)

Add Fee:

☐

: Site Insp (\$)

☐

: Interview (\$)

☐

: Tech. Invs (\$)

☐

: Weekend (\$)