15/9/2010

INS. CASE OWNER: KHAW HONG | CC 4 /AIG1901 9949, Ebb? | LKK: IDAC:

Surveyor: Kenneth.

ASSIGNMENT

DOI: 11/11/19. Date / Time: 11/11/19

Pre-assign / CCU / FTE

Registered in Merimen: 11/11/19.

Insured Vehicle No. :	SLX 7821H	Claim No. :	866466777459
Name of Insured :	BIS MOTORING PLC	Policy No. :	AAAAAA4322
Insured Tel No. :	HP:	Make / Model :	INFINITI
Excess Sec II :S$	D.O.A : 11/11/19	Place of Accident :	BOON YAT ST
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

SMD 8001U → → →

INSRS: WSP: Ricardo. Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	SMD 8001U – X
	SLX 7821H – 11/11/19 [illegible]
22/10/19	- FILE REVIEWED. TP CHANGED LANE. POTENTIAL REJECT CLAIM
	- EMAIL TO TP TO GET EVIDENCE.
	- EMAIL TO AIG FOR REJECTION APPROVAL
27/10/20.	Reject case
	Reject Case By (staff) Jasper Approved by [illegible] Date 27-10-20

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: T/P S$ 250.00 (/ days) Reduction: 37.50 % 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 : TP change lane
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$	1) Claim status: Normal/(Reject)/Private Settle
Disbursement:	S$ (e.g. Tow/ Independent)	2) Report Format:
Legal Cost	S$	3) Survey fee: $ 320.00
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:	

S. REC. BY: | REF: AIG/

Kneeth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Richards

of _____

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: 01 days Res.: Yes or No

Lum Sum: 1.B.I % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SMD 8001 U Yr Regn: 12, 16

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

Make: Volvo V40 T2 c.c 1498

Colour WHT A/C: Insured / Std / NI / NA

Sp.Reading 38886 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: YV1MV281401238C0831

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modl: Nil / S/Rim / STD A/Rim or _____

Tyre Size: F: 205/55R16

R: ~

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

Front		Rear	
R/Bal.	7 mm	R/Bal.	7 mm
L/Bal.	7 mm	L/Bal.	7 mm
D.O.A.	11/1/19	D.O.I.	12/11/19

Survey held at _____

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

O/S Frt

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

Date / Time	Action / Instruction
/	File pass To
	P/P = $250.00
	R= $150.00 / 37.50 %

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Prell. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

Survey Fee: _____

Transportation: _____ $ - R.S. _____ SI

Parking _____

Others _____

TOTAL _____

Report Format :

Lump Sum / I.B.I: (S _____