

INS. CASE OWNER: Loh Chee Heng

CC4/AIG19021128/Kea3

LKK:

IDAC:

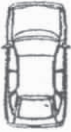
ASSIGNMENTSurveyor: **KENNETH**

DOI: 29.11.2019

Date / Time : 29.11.2019

Registered in Merimen: 29.11.2019

Pre-assign / CCU / FTE



Insured Vehicle No. : **SJW 2939P**
 Name of Insured : **AMA RENTAL PTE LTD**
 Insured Tel No. : _____ HP: _____
Excess Sec II :S\$ _____ D.O.A : **20/11/2019**
 Is driver the owner? (YES / **NO**) Nature of Accident : _____

Claim No. : **3132273500SG**
 Policy No. : **999994052/100877568-00001**
 Make / Model : **TOYOTA WISH-2.0 (A)**
 Place of Accident : **ALONG BKE TWDS SLE**

If NO, Driver Name / Age : **LIM CHIN CHYE**Driver Tel No. : **+65-86685292** (V/L: YES / NO)OI GIA REPORT: **YES** / NO ; TP GIA REPORT: **YES** / NOInsured Liability : % **Final ? Yes / No****SLE 1444C**

INSRS:
WSP: COMPLETE VMS
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SLE 1444C -X	SJW 2939P - X	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:	☐ ☐

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:					

ASS. REC. BY:

REF:

AIG /

mrs/ke

Kenneth

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured:

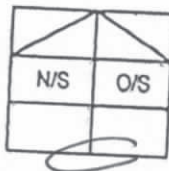
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Bal. or Market Value:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

02

days

Res.: Yes or No

Lum Sum:

20

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

1 File pass to

Date/Time, File Pass to?

☐

: Prell. Report

1)

Date/Time, File Return to?

☐

: Final Report

2)

Report Format :

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

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Survey Fee:

Transportation:

S + RS. \$

Fees

Others

TOTAL

Veh No:

S/E 1444C

Yr Regn:

11, 11

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

Truck / Traller or

Make:

BMW 730iL

c.c

2896

Colour

M. Grey

A/C: Insured / Std / NI / NA

Sp. Reading

173.423

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

WBAKB 2208.0C951196

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: NII / S/Rlm / STD A/Rlm or

Tyre Size:

F:

R:

245/50R18

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.

20/11/19

D.O.I.

29/11/19

Survey held at

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

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