15/5/2010

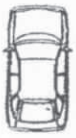
INS. CASE OWNER: JIMMY FOO | CC4/AIG19021159/Fha3 | LKK: IDAC:

ASSIGNMENT

Surveyor: RAM DOI: 28/11/2019 Date / Time : 28.11.2019

Registered in Merimen: 30.11.2019

Pre-assign / CCU / FTE



Insured Vehicle No. : SKH 4852J Claim No. : 1558988561SG

Name of Insured : WONG YOKE OI MARY Policy No. : 2100324930

Insured Tel No. : HP: Make / Model : VOLVO S80 T4 1.6 AT ABS D/AB 2WD 4DR TURBO

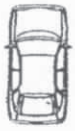
Excess Sec II :S$ D.O.A : 25.10.2019 Place of Accident : HAVELOCK ROAD

Is driver the owner? (YES / NO) Nature of Accident :

If **NO**, Driver Name / Age : LEE THIAM HOCK THOMAS OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : +65-96146913 (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

SHD 1112M → → →



INSRS:
WSP: PREMIER
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SHD 1112M - CC4/AXA17012582/H1eg3q2; DOA: 23.6.17
	- NS/INC17015289/K1qbe2; DOA: 5.8.17
	- CC3/III15007264/K1pm3n2; DOA: 26.4.15
	- CC3/III15002449/Ksm3q2; DOA: 26.4.15
	SKH 4852J - 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:		☐
Post-Repair Photos:	☐	☐
Others:	☐	☐

PRELIMINARY ADVICE	Date/Time:	Sent By:	
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$		1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$	(e.g. Tow/ Independent)	2) Report Format:
Legal Cost	S$		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:	

File By: Ram | AIG | 21159 / ph

ASSIGNMENT

From: [redacted] 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)

N/S	O/S

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

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

Vehicle: **IN / OUT**

Date: Person Contacted:

Veh No: SHD 1112 M Yr Regn: 15/01/2016

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

Make: Kia Optima 1.7A c.c 1685

Colour: Sliver A/C: **Insured / Std / NI / NA**

Sp.Reading: 347994 T/Radio: **Insured / Std / NI / NA**

Eng/No: –

C/No: KNAGM414MF5658403

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: 205/65 R16

R: –

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

Front			Rear		
R/Bal.	6	mm	R/Bal.	7	mm
L/Bal.	6	mm	L/Bal.	7	mm
D.O.A.	25/10/19		D.O.I.	28/1/19	

Survey held at: Premier

Des. of Damages: **(Frt) / Rear / O/S / (N/S) / U/C / Rooftop** or Frt & N/S frt

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

Date / Time	Action / Instruction

LS

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : **Preli. Report**

☐ : **Final Report**

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation: ___S + RS.___SI

Photos

Others

Total

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Invs ($)

☐ : Weekend ($)

Report Format:

Lump Sum / LR