15/5/2010

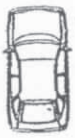
INS. CASE OWNER: Bennie Tan | CC4/AIG19021469/Dda3 | LKK: IDAC:

**ASSIGNMENT**

Surveyor: BRYAN DOI: 04/12/19 Date / Time : 03/12/19

Registered in Merimen: 04/12/19

**Pre-assign / CCU / FTE**



Insured Vehicle No. : GBJ 3668C Claim No. : 2120818289SG

Name of Insured : JIASHAN BUILDING CONTRACTOR Policy No. : 1900082711

Insured Tel No. : HP: Make / Model : NISSAN NV200-1.5 (M)

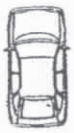
**Excess Sec II :S$** D.O.A : 29/11/19 Place of Accident : BUKIT BATOK ST 23 CARPARK

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

If **NO**, Driver Name / Age : KOH WEE BOON OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

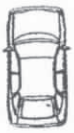
Driver Tel No. : +65-84043788 (V/L: YES / NO ) Insured Liability : % **Final ? Yes / No**

SH 8888K →



INSRS:
WSP: CHUNNI
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

| Date/ Time | | STAGE | DATE / PIC |
|---|---|---|---|
| | SH 8888K- CS/FCI18022319/Kqbn2; DOA : 09.12.18<br>GBJ 3668C - X | 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$ | 1) Claim status: Normal/Reject/Private Settle |
| Medical: | S$ | 2) Report Format: |
| Disbursement: | S$ (e.g. Tow/ Independent ) | 3) Survey fee: |
| Legal Cost | S$ | |
| **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: 24649/bd.

# ASSIGNMENT

OE July 2025

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.

| N/S | O/S |
|---|---|
| | |

Bal. or Market Value:

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 3 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SH8888K Yr Regn: July 2017

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

Truck / Trailer or

Make: Toyota Prius. c.c 1798

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

Sp.Reading N.A. T/Radio: Insured / Std / NI / NA

Eng/No: 2ZR8054758

C/No: JTDKB3FU203560843

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: 195/65R15

R: —11—

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

| Front | | Rear | |
|---|---|---|---|
| R/Bal. | 5 mm | R/Bal. | 5 mm |
| L/Bal. | 5 mm | L/Bal. | 5 mm |
| D.O.A. | 29/11/2019 | D.O.I. | 04/12/2019 |

Survey held at Chumi AMC

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

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

| Date / Time | Action / Instruction |
|---|---|
| | AIG GBS 3668C |

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.E.I: ( )

| | |
|---|---|
| Survey Fee: | |
| Transportation: | |
| ___S + RS, ___SI | |
| Photos | |
| Others | |
| TOTAL | |