

ASSIGNMENT

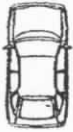
Surveyor: _____

DOI: _____

Date / Time : 07/01/2020

Registered in Merimen: 08/01/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : EP 323A

Claim No. : 6995280281SG

Name of Insured : NG HOCK ENG

Policy No. : _____

Insured Tel No. : _____ HP: 98581668

Make / Model : MERCEDES-BENZ E200

Excess Sec II : S\$

D.O.A : 05/07/2019 12:00

Place of Accident : 40 TOH GUAN CAR PARK

Is driver the owner? (YES / NO)

Nature of Accident : _____

If NO, Driver Name / Age : _____

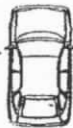
OI GIA REPORT YES / NO ; TP GIA REPORT YES / NO

Driver Tel No. : _____

(V/L: YES / NO)

Insured Liability : % Final ? Yes / No

SLM 8472H

INSRS:
WSP: ESTEEM PML
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SLM 8472H - X	EP 323A - 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)	<input type="checkbox"/> <input type="checkbox"/>
			After call ltr to OI:	<input type="checkbox"/> <input type="checkbox"/>
			Authorisation To Act:	<input type="checkbox"/> <input type="checkbox"/>
			Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
			Final Repair Bill:	<input type="checkbox"/> <input type="checkbox"/>
			Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
			Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
			LTA / GIA :	<input type="checkbox"/> <input type="checkbox"/>
			Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
			PIR:	<input type="checkbox"/> <input type="checkbox"/>
			Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
			LOD	<input type="checkbox"/> <input type="checkbox"/>
			Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
			Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
			Others:	<input type="checkbox"/> <input type="checkbox"/>

PRELIMINARY ADVICE Date/Time: _____

Sent By: _____

FINALIZATION

Date/Time: _____

Confirm with: _____

Confirm by: _____

Repair Cost: S\$

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\$

S\$

Loss of Rental (LOR): S\$

S\$

(

days)

Loss of Use (LOU): S\$

S\$

(\$

x

days)

Loss of Income (LOI): S\$

S\$

(\$

x

days)

LOR only ☐ LOU only ☐LOR + LOU ☐LOR + LOI ☐

[Tick only one]

GIA/LTA Search

S\$

Medical: S\$

S\$

1) Claim status: Normal/Reject/Private Settle

Disbursement: S\$

S\$

(e.g. Tow/ Independent)

2) Report Format: _____

Legal Cost S\$

S\$

3) Survey fee: _____

Total:

S\$

Global Sum S\$:**FINAL PAYMENT**

Date/Time: _____

Confirm with: _____

Email ☐ Call ☐

Payee 1: S\$

S\$

Name 1: _____

Payee 2: (Strike if N.A.) S\$

S\$


Name 2: _____

Payee 3: (Strike if N.A.) S\$

S\$

Name 3: _____

PRE-REPAIR INSPECTION REQUEST – SLM8472H vs EP323A (OI) on D.O.A.: 05/07/2019

From: Hor, Yinnul
To: 'assignments@lkkauto.com', Admin A (admin-a@lkkauto.com)
Cc: Fong, Andy-SY, Fan, Winnie-LW, Abu Kassim, Noor Mariesa, Azlan, Syazairdina, Chan, Yoke Shi, Lim, Sheng Yang, Mithoosingh, Aashweenjeetkaur, Parthiban, Theerthan, Subramaniam, Di
Sent: 1/7/2020 2:58:25 PM
Attachments:  [SLM8472H-05072019-AMENDED GJA REPORT.pdf](#)

Hi,

Please refer to the enclosed request from **Esteem Performance Pte Ltd**.

Claim no : 6995280281SG003
Case Owner : Bernard Ler Ji Qian

If you have any queries/concerns, please let us know.

Thanks & Regards,

Hor Yin Rul (Viviane)
AIG
FNOL Adjuster I
Singapore AUTO Claims

Tel: 8001206556 | Ext: 1002208
Yinnul.Hor@aig.com | www.aig.sg

861/har3

P: Jenny

T: 3.00 p.m 7/1/2020

V: Out

E.V

From: jenny chong <jenny@esteemperf.com.sg>
Sent: Tuesday, January 7, 2020 1:19 PM
To: AIG SGP, Claims-Survey <AIGSGP_ClaimsSurvey@aig.com>
Cc: carmen lim <carmen@esteemperf.com.sg>; serence ctc <serence@esteemperf.com.sg>
Subject: [EXTERNAL] REQUEST FOR PRI SURVEY SLM8472H

This message is from an external sender; be cautious with links and attachments.

Dear AIG,

NOTICE TO INSURER TO CONDUCT PRE-REPAIR INSPECTION WITHIN 2 WORKING DAYS PURSUANT TO PRE-ACTION PROTOCOL FOR NON INJURY MOTOR ACCIDENT CASES (NIMA)

We act for Grab Rentals Pte Ltd who has appointed the under-mentioned workshop to repair his motor vehicle no.SLM 8472 H

Please be informed that the said vehicle can be inspected at :

Name of workshop : Esteem Performance Pte Ltd

Address : 385 Sin Ming Drive (Inside Vicom) S 575718

Tel : 8799 0066
Fax : 6451 0394

We hereby give 2 clear days notice to conduct a pre-repair inspection of the said vehicle at the above-mentioned workshop during office hours.

If you fail to conduct the pre-repair inspection within the next 2 working days excluding any intervening Saturday, Sunday or Public Holiday. The above-mentioned workshop will commence repairs should you fail to conduct the pre-repair inspection.

We prefer LKK to survey the car.

Thank you

Freundliche Grüße / Best Regards

Jenny Chong

Senior Operation Executive | Operation

Division

Esteem Performance Pte Ltd

P: 6484 1221
F: 6484 7829
E: jenny@esteemperf.com.sg

5033 Ang Mo Kio Industrial Park 2 #01-259 (Head Office)

385 Sin Ming Drive Vicom Inspection Centre (Showroom)

www.esteemperformance.com

