15/5/2010

INS. CASE OWNER: Bennie Tan | CC4/AIG20000562/Kha3 | LKK: | IDAC:

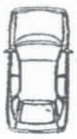
ASSIGNMENT

Surveyor: KENNETH DOI: 09/01/2020 Date / Time : 07/01/2020

Registered in Merimen: 08/01/2020

Pre-assign / CCU / FTE

X



Insured Vehicle No. : SJS 6122Z Claim No. : 9773041147SG

Name of Insured : NATTHANAN BOONJANSONG Policy No. : 1900007896

Insured Tel No. : HP: +65-97586777 Make / Model : AUDI A3 SPORTSBACK 1.0 TF

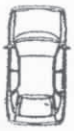
Excess Sec II :S$ D.O.A : 31/12/2019 11:15 Place of Accident : BETWEEN ANG MO KIO AVE 1 AND 2

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

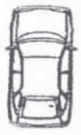
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

SMA 102E → → →



INSRS:
WSP: LOH HENG
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SMA 102E - X
	SJS 6122Z - CC3/AIG20000466/Aqf3 ; DOA :31.12.19
	SETTLED AND CLOSED

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:	X	
Authorisation To Act:	X	
Release Voucher:	X	
Final Repair Bill:	X	
Car Rental Invoice:	X	
Towing Invoice		
LTA / GIA :	X	
Medical Bill:		
PIR:		
Mandate/Reject Instruction:	X	
LOD	X	
Payment Breakdown Form:		
Post-Repair Photos:		
Others:		

PRELIMINARY ADVICE Date/Time: Sent By:

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: L/S S$ 2,700 (4 days) Reduction: 53.50 % Email [ ] Call [ ]

FINAL SETTLEMENT Date/Time: 06/05/2020 Confirm with DANNY Email [X] Call [ ]

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 2,700.00	
Loss of Rental (LOR):	S$ 240.00 (4 days) X $60.00	
Loss of Use (LOU):	S$ - ($ x days)	OI REAR ENDED TP
Loss of Income (LOI):	S$ - ($ x days)	
LOR only [X] LOU only [ ] LOR + LOU [ ] LOR + LOI [ ] [Tick only one]		
GIA/LTA Search	S$ 7.00	
Medical:	S$ -	1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ - (e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost	S$ -	3) Survey fee: $320.00
Total:	**S$** 2,947.00 **Global Sum S$:** 2,900.00	

FINAL PAYMENT Date/Time: Confirm with: Email [ ] Call [ ]

Payee 1:	S$ 2,900.00	Name 1:	LOH HENG
Payee 2: (Strike if N.A.)	S$ -	Name 2:	-
Payee 3: (Strike if N.A.)	S$ -	Name 3:	-

ASS. REC. BY:

REF: AIG

ASSIGNMENT

From: Date: 09/01/2020

Estimated Cost:

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

To Inspect Vehicle No: SMA 102E

at Workshop m/s Lo H Heng

of 176 Sin Ming Drive #03-08

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: 4-5 days Res.: Yes or No

Lum Sum: 1-B1 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS lwp?

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SMA 102E Yr Regn: 06 / 18

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

Make: Toy Altis (A) c.c 1598

Colour M. Red A/C: Insured / Std / NI / NA

Sp.Reading 39595 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: MR053RE1460458279

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: 215/45R17

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.	31/12/19	D.O.I.	9/1/2020

Survey held at

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

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

Date / Time	Action / Instruction

L/S = $2700

R= 2347.20 / 53.50%

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.B.I: ($)

Survey Fee:	
Transportation:	
___$ + RS.___St	
Photos	
Others	
TOTAL	