

INS. CASE OWNER:

SALIHA

CC3/AIG20000802/Ada3

LKK:

IDAC:

Surveyor:

ADRIAN

DOI: 15/01/2020

Date / Time : 13/01/2020

Registered in Merimen: 13/01/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SMG 2837Z

Name of Insured : CHAN KONG LON

Insured Tel No. : HP: +65-93399812

Excess Sec II :S\$ D.O.A : 13/01/2020 08:40

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

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

Claim No. : 5815403288SG

Policy No. : 1800147388

Make / Model : MAZDA 3 1.5 SKYACTIV

Place of Accident : JUNCTION OF YISHUN AVE 7 & 8 LEFT TURN FROM AVE 8

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

Insured Liability : % Final ? Yes / No

SLF 9358K

INSRS:
WSP: PREMIUM
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SMG 2837Z - X	SLF 9358K - 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
			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\$ 3,259.60	(3 days) Reduction: 63 %	Email ☐	Call ☐
FINAL SETTLEMENT	Date/Time: 14/04/2020	Confirm with Nadia	Email ☒	Call ☐
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :	
Repair Cost: (w/GST)	S\$ 3,487.77			
Loss of Rental (LOR):	S\$ -	(days)		
Loss of Use (LOU):	S\$ 180.00	(\$ 60 x 3 days)		
Loss of Income (LOI):	S\$ -	(\$ x days)		
LOR only ☐ LOU only ☒	LOR + LOU ☐ LOR + LOI ☐	[Tick only one]		
GIA/LTA Search	S\$ 2.00			
Medical:	S\$ -			
Disbursement:	S\$ -	(e.g. Tow/ Independent)		
Legal Cost	S\$ -			
Total:	S\$ 3,669.77	Global Sum S\$:		
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐	Call ☐
Payee 1:	S\$ 3,669.77	Name 1:	Premium Automobiles Pte Ltd	
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		

1) Claim status: Normal/ ~~Report Private Settlement~~

2) Report Format: TP

3) Survey fee: \$320

REF: AIG

ASS. REC. BY:

ASSIGNMENT

From:

Date: 15/01/2020

Estimated Cost:

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

To Inspect Vehicle No: SLF 9358K

at Workshop m/s

premium

of

55 Ubi Road 1

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

10:30am

(Policy Condition)

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

N/S	O/S

Bal. or Market Value:

IDAC Accident Rpt: 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

1up

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SLF9358K

Yr Regn: 2016 / Sept.

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

Truck / Trailer or

Make:

Audi A4

c.c 1395

Colour

Bronze

A/C: Insured / Std / NI / NA

Sp. Reading

49257

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

WAU222F45HA020890

Gen. Cond: ☒ Good / Fair / Poor / BurntSteering: ☒ In order / Jammed / Leaked / Burnt orBrake: ☒ In order / Jammed / Leaked / Burnt orModi: Nil / ☒ S/Rim / STD A/Rim or

Tyre Size:

F:

205/60R16

R:

205/60R16

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO ☒ YOKO or

Front

Rear

R/Bal.

06

mm

R/Bal.

26

mm

L/Bal.

06

mm

L/Bal.

06

mm

D.O.A.

D.O.I.

15/01/20

Survey held at

Premium

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

Rear O/S

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

Date / Time

Action / Instruction

TP AIG

Date/Time, File Pass to?

☐

Preli. Report

1)

☐

Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

Report Format:

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