15/5/2010

INS. CASE OWNER: Chan Kian Meng | CC4/AIG20001013/Kpa3 | LKK: | IDAC:

## ASSIGNMENT

Surveyor: KENNETH | DOI: 05/02/2020 | Date / Time : 14/01/2020 | Registered in Merimen: 16/01/2020

**Pre-assign / CCU / FTE**

Insured Vehicle No. : SKB 8833U | Claim No. : 7717498405SG X

Name of Insured : ONG YEE BOON (HUANG YUWEN) | Policy No. :

Insured Tel No. : | HP: | Make / Model : KIA CERATO-1.6 (A)

**Excess Sec II :S$** | D.O.A : 11/01/2020 | Place of Accident : EAST COAST RD (THE FLOW @ ~~KATONG & KATONG SQUARE~~)

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

If **NO**, Driver Name / Age : CHUA CHIEW CHOON (CAI ZHOUCHUN) | OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

SKG 2076B → | → | → | →

INSRS:
WSP: Massive Trading
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

| Date/ Time | |
|---|---|
| | SKB 8833U - CC6/DAI15006739/Kpa3q2; DOA: 16.04.15 |
| | SKG 2076B - 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: Email ☐ Call ☐ |
| Repair Cost: | S$ | ( days) Reduction: % | |
| **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: Kenneth | REF: AIG/

# ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Massive

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: 02 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SKG 2076B Yr Regn: 08/12

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

Make: Chevrolet Captiva c.c 2384

Colour M.P. White A/C: Insured / Std / NI / NA

Sp.Reading 202996 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KLICA264BB125096

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: 235/65R17

R: _____

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

| Front | | Rear | |
|---|---|---|---|
| R/Bal. | 4 mm | R/Bal. | 6 mm |
| L/Bal. | 4 mm | L/Bal. | 6 mm |
| D.O.A. | 11/1/20 | D.O.I. | 5/2/2020 |

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 |
|---|---|
| / | GIA & Est not ready |

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Prell. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____ )

☐ : Interview ($ _____ )

☐ Tech Invs ($ _____ )

☐ Weekend ($ _____ )

Survey Fee: _____

Transportation: _____ S + RS. _____ SI

Fixtos _____

Others _____

TOTAL _____

Report Format : _____

Lump Sum / I.B.I: (S _____ )