

INS. CASE OWNER:

Bennie Tan

CC4/AIG20001738/Dka3

LKK:

IDAC:

ASSIGNMENT

Surveyor:

BRYAN

DOI: 30/01/2020

Date / Time : 29/01/2020

Registered in Merimen: 02/02/2020

Pre-assign / CCU / FTE

Insured Vehicle No. : SLA 9581H

Name of Insured : Yong Ming Chong

Insured Tel No. : HP: 81812222

Excess Sec II :S\$

D.O.A : 24/01/2020 11:30

Is driver the owner?

(YES / NO)

Nature of Accident :

Claim No. : X

Policy No. :

Make / Model :

Place of Accident : JLN EUNOS > CHANGI ROAD

If NO, Driver Name / Age :

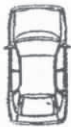
Driver Tel No. :

(V/L: YES / NO)

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

Insured Liability : % Final ? Yes / No

SHA 3550J



INSRS:

WSP:

Tel :

Liability :

RMKS:

BIFROST
AUTO

INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time	STAGE	DATE / PIC
SLA 9581H - X	Non-Reporting ltr (1st):	
SHA 3550J - CC4/ASM19006412/K1fa3q2; DOA: 09.04.2019	Non-Reporting ltr (2nd):	
- CS/FCI19001627/Dtd3e2; DOA: 19.01.2019	Non-Reporting ltr (Final):	
- CS/FCI19000537/Kvd3n2; DOA: 05.01.2019	Notification ltr (if non-pickup):	
- CS/FCI19001588/Dtd3n2; DOA: 19.01.2019	Call OI:	
OINR. To send out first letter. File pass to Su Li.	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:

ASSIGNMENT

CJB March 2024

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. _____

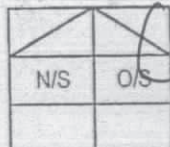
Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 4 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SHA 3550 J Yr Regn: 2016 / March

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

Truck / Trailer or

Make: Hyundai I40 c.c. 1685Colour: Blue A/C: Insured / Std / NI / NASp. Reading: 542537 T/Radio: Insured / Std / NI / NAEng/No: D4FDEU 441559C/No: KMHLB4HM GU085541Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim orTyre Size: F: 205/60R16R: 11

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

TOYO / YOKO or Hankook

Front

Rear

R/Bal. S mm R/Bal. S mmL/Bal. S mm L/Bal. S mmD.O.A. 24/01/2020 D.O.I. 30/01/2020Survey held at Bignat Sin Ming

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

0/2 Rmt

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

Date / Time Action / Instruction

AIG SLA 9581H

Date/Time, File Pass to?



: Prel. Report

1)



: Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

\$ + RS. \$

Photos

Others

TOTAL

Add Fee: ☐ : Site Insp (\$)☐ : Interview (\$)☐ : Tech. Invs (\$)☐ : Weekend (\$)

Report Format: _____

Lump Sum / L.B. / %