

INS. CASE OWNER: **MingYao.Lee**

CC4/AIG20001832/Kea3

LKK:

IDAC:

ASSIGNMENTSurveyor: **KENNETH**DOI: **03/02/2020**Date / Time: **31.01.2020**Registered in Merimen: **03.02.2020**

Pre-assign / CCU / FTE

Insured Vehicle No. : **SLX 7256P**Claim No. : **9276180887SG** XName of Insured : **DAIMLER FLEET MANAGEMENT SINGAPORE PTE LTD**Policy No. : **999996111**

Insured Tel No. : _____ HP: _____

Make / Model : **MERCEDES-BENZ GLA200 URBAN (R18 LED)**Excess Sec II :S\$ _____ D.O.A : **24.01.2020 15:40**Place of Accident : **1 LORONG CHUAN 556818 (GATE 1 CARPARK)**Is driver the owner? (☒ YES / NO) Nature of Accident : _____If NO, Driver Name / Age : **TULLY JAMES REEVES CASHMAN**OI GIA REPORT: ☒ YES / NO ; TP GIA REPORT: ☒ YES / NODriver Tel No. : **+65-83486345** (V/L: YES / NO)

Insured Liability : _____ % Final ? Yes / No

SMH 7234AINSRS:
WSP: **ESTEEM**
Tel : **PML**
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SMH 7234A - X	SLX 7256P - 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:	
Repair Cost:	S\$	(days) Reduction:	%	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time:	Confirm with	Email ☐ Call ☐	
Final Liability:	S\$	(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\$			
Medical:	S\$		1) Claim status: Normal/Reject/Private Settle	
Disbursement:	S\$	(e.g. Tow/ Independent)	2) Report Format:	
Legal Cost	S\$		3) Survey fee:	
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:

AIG

ASSIGNMENT

From:

Date:

03/02/2020

Estimated Cost:

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

To Inspect Vehicle No:

SMH 7234A

at Workshop m/s

Gsteem Performance

of Blk 5033 AMK Ind. Park 2 #01-259

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 Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

02

days

Res.:

Yes or No

Lum Sum:

1-B.1

%

3 Val.:

Yes or No

CA / REV / REP. / 24 HRS

imp

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SMH 7234A

Yr Regn:

01, 19

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

Truck / Trailer or

Make:

BMW 420i

C.C.

1998

Colour:

M. Black

A/C:

Insured / Std / NI / NA

Sp. Reading

13867

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

WBA 4H 32040BP 28866

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:

225/45R18

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

9

mm

R/Bal.

9

mm

L/Bal.

9

mm

L/Bal.

9

mm

D.O.A.

24/1/20

D.O.I.

3/2/2020

Survey held at

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

O/S R

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

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

Preli. Report

1)

☐

Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Photos

Others

TOTAL

Report Formst:

Lump Sum / L&L: (\$

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Week end (\$