

ASSIGNMENT

Surveyor:

KENNETH

DOI: 04/02/2020

Date / Time : 04/02/2020

Registered in Merimen: 05/02/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SKW 3157K

Claim No. : 2577750251SG

Name of Insured : LOW HAN KIAT

Policy No. : 2100435443

Insured Tel No. : 86841580 HP: +65-90498868

Make / Model : KIA CERATO FORTE-1.6 SX (A)

Excess Sec II :S\$ D.O.A : 01/02/2020 12:50

Place of Accident : 203 GEYLANG RD. S (389266) EXIT POINT OF ESSO STN

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

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

SHC 5344P

INSRS:
WSP: TRANS-CAB
Tel : AUTO
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
SHC 5344P - CC3/ASM19003186/Kpb3s2; DOA: 15.02.19	Non-Reporting ltr (1st):	
- CS/TP18002987/Krbn2; DOA: 09.02.18	Non-Reporting ltr (2nd):	
- NA/INC18000006/h4; DOA: 31.12.17	Non-Reporting ltr (Final):	
SKW 3157K - X	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:	
Repair Cost:	S\$	(days) Reduction:	%
FINAL SETTLEMENT Date/Time:		Confirm with:	
Final Liability:	%	(Agreed / Assessed) BOLA S/N No. :	
Repair Cost:	S\$	If NO or B 28, Ass. Lia :	
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\$		
Disbursement:	S\$	(e.g. Tow/ Independent)	
Legal Cost	S\$		
Total:	S\$	Global Sum S\$:	
FINAL PAYMENT Date/Time:		Confirm with:	
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

van/ce

ASSIGNMENT

From:

Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MY

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured:

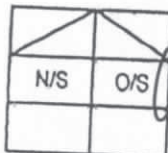
Excess:

(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:

03

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:

SHC5344P

Yr Regn:

09, 14

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

Truck / Trailer or

Make:

PENGUIN

Latitude

C.C

1995

Colour

M-White / Red

A/C:

Insured / Std / NI / NA

Sp. Reading

608025

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

VI-1 ABL 15AUC 279353

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

215/60R16

R:

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

Scitun

Front

R/Bal.

S

mm

Rear

R/Bal.

S

mm

L/Bal.

S

mm

L/Bal.

S

mm

D.O.A.

1/2/20

D.O.I.

4/2/2020

Survey held at

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

O/S body

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

Date / Time

Action / Instruction

11 Sep @ 3100L

Date/Time, File Pass to?



: Prell. Report

1)



: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trlp:

Survey Fee:

Transportation:

S + RS. SI

Fines

Others

Add Fee:



: Site Insp (\$



: Interview (\$



Tech Invs (\$



Weekend (\$

Report Format :

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

TOTAL