

ASSIGNMENT

Surveyor:

KENNETH

DOI: 06/02/2020

Date / Time : 05/02/2020

Registered in Merimen: 06/02/2020

Pre-assign / CCU / FTE

Insured Vehicle No. : SMP 3600K

Claim No. : 4461527698SG

Name of Insured : APS LIFESTYLE MARKETING PTE LTD

Policy No. : 1900166690

Insured Tel No. : HP: _____

Make / Model : NISSAN SYLPHY-1.6 (A)

Excess Sec II :S\$

D.O.A : 04/02/2020 10:00

Place of Accident : BLK 111 RIVERVALE WALK MSCP
CARPARK LOT 142

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

If NO, Driver Name / Age : NG KOK TIONG

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

Driver Tel No. :

(V/L: YES / NO)

Insured Liability : % Final ? Yes / No

SJN 4452K

INSRS:
WSP: COMPLETE
Tel: VMS PTE LTD
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
SJN 4452K	Non-Reporting ltr (1st):	
SMP 3600K	Non-Reporting ltr (2nd):	
NBA/AIG20001984/Y, DOA: 04.02.2020	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:	☐
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\$	
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/

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / QD 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.

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Report: _____ Consistent? : Yes or No

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

Est. Repairs: 04 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: 01/24 Person Contacted: _____

Vehicle: IN / OUT

Veh No: PTN 4452K Yr Regn: 02, 09Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: NIS Tean c.c. 1997Colour: M. D. Blue A/C: Insured / Std / NI / NASp. Reading: 163612 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JW130UJ3280000572Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModl: NII / S/Rim / STD A/Rim orTyre Size: F: 205/65R16
R: _____BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or Falken

Front

R/Bal. 7 mmL/Bal. 7 mmD.O.A. 4/2/20

Survey held at _____

Rear

R/Bal. 6 mmL/Bal. 6 mmD.O.I. 6/2/2020Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Rm N/S

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

Date / Time Action / Instruction

Date/Time, File Pass to?

☐ : Prell. Report

1)

Date/Time, File Return to?

☐ : Final Report

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

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

Survey Fee:

Transportation:

S + RS. \$

Fees

Others

TOTAL

Report Format :

Lump Sum / I.B.I. (\$) _____