

INS. CASE OWNER: Chan Kian Meng

CC4/AIG20003168/Dka3

LKK:

IDAC:

## ASSIGNMENT

Surveyor: BRYAN

DOI: 25/02/2020

Date / Time: 25/02/2020

Registered in Merimen: 25/02/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SLK 6629Y  
 Name of Insured : GOLDBELL CAR RENTAL PTE LTD

Claim No. : 4170498398SG

Policy No. : 0999994309

Insured Tel No. : HP: D.O.A : 15/02/2020

Make / Model : MITSUBISHI ATTRAGE-1.2 CVT (A)

Excess Sec II :S\$

Place of Accident : AT THE T-JUNCTION OF TANAH MERAH COAST ROAD

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

If NO, Driver Name / Age : MUHAMMAD ABDUL GHAFFAR BIN PADILAH

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

Driver Tel No. : +65-84847346

(V/L: YES / NO )

Insured Liability : % Final ? Yes / No

SHA 5186P



INSRS:  
WSP: BIFROST AUTO  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date / Time	STAGE	DATE / PIC
SHA 5186P - CC3/CTI15018752/H1hg3q2; DOA : 30.10.15	Non-Reporting ltr (1st):	
SLK 6629Y NBA/AIG20002866/Y; 15.02.2020	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:	
PRELIMINARY ADVICE Date/Time:	Sent By:	Post-Repair Photos:
		Others:
FINALIZATION Date/Time:	Confirm with:	Confirm by:
Repair Cost: L/S S\$ 26,000 ( 14 days) Reduction: 52,404.24/67 %		Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT Date/Time:	Confirm with:	Email <input type="checkbox"/> Call <input type="checkbox"/>
Final Liability: % (Agreed / Assessed) BOLA S/N No. :		If NO or B 28, Ass. Lia :
Repair Cost: S\$		TP SUBMIT VIA LAWYER AS LIABILITY GOT ISSUE.
Loss of Rental (LOR): S\$ ( days)		AIG JEREMY WILL HANDLE THE CLAIM
Loss of Use (LOU): S\$ (\$ x days)		
Loss of Income (LOI): S\$ x days)		
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]		
GIA/LTA Search S\$		1) Claim status: Normal/Reject/Private Settle
Medical: S\$		2) Report Format: WP
Disbursement: S\$ (e.g. Tow/ Independent )		3) Survey fee: \$250
Legal Cost S\$		
Total: S\$	Global Sum S\$:	
FINAL PAYMENT Date/Time:	Confirm with:	Email <input type="checkbox"/> Call <input type="checkbox"/>
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

COE July 2027

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. \_\_\_\_\_

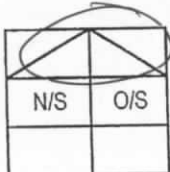
Claims No. \_\_\_\_\_

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: 14 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 5186P

Yr Regn:

2019, July

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

Truck / Trailer or

Make:

Hyundai Ionix

c.c 1580

Colour

Blue

A/C: Insured / Std / NI / NA

Sp.Reading

N.A.

T/Radio: Insured / Std / NI / NA

Eng/No:

G4LEKU298141

C/No:

KMHC851CVKU164776

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:

195/65 R15

R:

— 11 —

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

TOYO / YOKO or

Davanti

Front

Rear

R/Bal.

S

mm

R/Bal.

S

mm

L/Bal.

S

mm

L/Bal.

S

mm

D.O.A.

15/02/2020

D.O.I.

26/02/2020

Survey held at

Bijrest Sin Ming

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

Front

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

Date / Time

Action / Instruction

AIG SLK 6629Y

Video show TP vehicle entire vehicle mount island divider kerb come  
down and mount pedestrian walkway kerb after the accident.

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:

S + RS, SI

Photos

Others

TOTAL

Report Format: \_\_\_\_\_

Lump Sum / L&amp;J: (C)

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$