

INS. CASE OWNER:

CC 4 / AIG 2000 3583 / EKS3

LKK:

IDAC:

ASSIGNMENT

Surveyor:

Steve

DOI:

4/3/2020

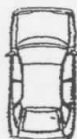
Date / Time :

3/3/2020

Registered in Merimen:

4/3/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SCV1001P

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : S\$

D.O.A : 21/2/2020

Place of Accident : _____

Is driver the owner? (YES / NO)

Nature of Accident : _____

If NO, Driver Name / Age :

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

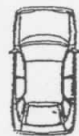
Driver Tel No. :

(V/L: YES / NO)

Insured Liability : %

Final ? Yes / No

GBD 654SK



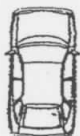
INSRS:

WSP: Car Pro

Tel :

Liability :

RMKS:



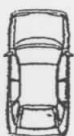
INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

GBD 654SK : X ; SCV1001P : 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:

PRELIMINARY ADVICE Date/Time:

Sent By:

Post-Repair Photos:

Others:

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\$

Medical:

S\$

Disbursement:

S\$

(e.g. Tow/ Independent)

Legal Cost

S\$

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

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:

Steve

REF:

A19

ASSIGNMENT

From:

Date:

4/3/20

Estimated Cost:

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

To Inspect Vehicle No: GBD 6545K

at Workshop m/s Car Pro Auto

of B1C 6 woodlands Road 399J Y/W Tu

Insured:

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record)

Make of Veh: After 2pm

(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: days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No:

G80 6545K

Yr Regn:

12/12/15

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

Truck / Trailer or

Make:

Nissan NV350

C.C.

2488

Colour:

Sil

A/C: Insured / Std / NI / NA

Sp. Reading:

189334

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

JN1/MC 2E2620093618

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:

195R15C

R:

11

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

TOYO / YOKO or

Front

Rear

R/Bal.

5

mm

R/Bal.

5

mm

L/Bal.

5

mm

L/Bal.

5

mm

D.O.A.

29/2/20

D.O.I.

4/3/20

Survey held at

Car Pro

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

Rear R14

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

Date / Time

Action / Instruction

9/3/20

Waiting Estimate & GIA report
Finalize \$3600, 6 days (winning)
(\$ 5,009.21 Red - 58%)

MV-30K

RECEIVED 10 MAR 2020

Date/Time, File Pass to?

10/03/20

1)

Typist

Date/Time, File Return to?

2)



: Preli. Report



: Final Report

Days Of Repair:

6

Resurvey No. of Trip:

1

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech. Invs (\$



: Weekend (\$

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL

Report Format:

Lump Sum / L.B.I. (\$ 3,600/- ds)

22/03/2002

ASS. REC. BY:

REF:

CS/AIG20003553/EP3

Special Instruction:

Surveyor:

Steve

ASSIGNMENT (Office)

From (Person):

Yinnul Hor

of

AIG

Date/Time:

3/3/2020

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

GBD 6545K

Insured:

SCV1001P

at Workshop m/s

Car Pro Auto.

Tel:

97506777 Vincent.

of BLK 6 Woodlands Rd 399J Yew Tee Ind. Est.

Policy No:

Claim No:

600409289486

Sum Insured:

Excess:

Make of Veh:

D.O.A.

29/2/2020.

(Client's Record)

CA / REV / REP. / REV 24 HRS

4/3/2020 After 2pm

H.O.D. Endorsement:

Date/Time:

4/3

Person Contacted:

Vincent

Vehicle IN/OUT

Date/Time	Action/Instruction	Estimate (✓)
	GBD 6545K - X	
	SCV1001P - X	
05/03/20	@ 15:32 pm checked with Sin: got estimate.	

**Enquire Vehicle & Owner Information (Vehicle No. SCV1001P As At 29 Feb 2020 / 10:15:00)****Law Firm Search Details**

Search Reason: Insurance claim in relation to traffic accident

Law Firm Case No.: W8CPA-10127.20/LG

Current Owner Details

Owner ID Type: Singapore NRIC

Owner ID: S1213162C

Owner Name: TAN CHOR HIANG

Registered Address Type: Private Residential (Condo Apt or House) / Shopping / Office Complexes

Registered Block/House No.: 10

Registered Street Name: LANTANA AVENUE

Registered Unit No.: -

Registered Building Name: -

Registered Postal Code: 277909

Current Vehicle Details

Vehicle No.: SCV1001P

Make Description/Model: MERCEDES BENZ / E250 SEDAN EDITION E (R18 LED SR)

Insurance Company Name: AIG ASIA PACIFIC INSURANCE PTE. LTD.