

INS. CASE OWNER:

CC3 1111601 2/15, Kab3

LKK: IDAC

Surveyor:

Kenneth

ASSIGNMENT
DOI: 14/9/10

Date / Time:

14/9/10

Registered in Merimen:

15/9/10

Pre-assign / CCU / FTE



Insured Vehicle No.:

SHC 1424T

Name of Insured:

Insured Tel No.:

HP:

D.O.A: 11/9/10

Excess Sec II:SS

Is driver the owner?

(YES / NO)

Nature of Accident:

Claim No.:

Policy No.:

Make / Model:

Place of Accident:

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

Insured Liability:

% Final ? Yes / No

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

SJE 176SR → GER 8377J →

SHC 1424T →

SHB 9921C



INSRS:
WSP:
Tel:
Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS: 01



INSRS: trans
WSP: cab.
Tel:
Liability:
RMKS: TP

Date/ Time	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)	<input type="checkbox"/>
	After call ltr to OI	<input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/>
	PIR:	<input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/>
	LOD:	<input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/>
	Others:	<input type="checkbox"/>

PRELIMINARY ADVICE Date/Time: _____ Sent By: _____ Confirm with: _____ Email Call

FINALIZATION Date/Time: _____ Repair Cost: \$S _____ (_____ days) Reduction: _____ % Confirm with: _____ Email Call

FINAL SETTLEMENT Date/Time: _____ Final Liability: % _____ (Agreed / Assessed) BOLA S/N No.: _____ If NO or B 28, Ass. Lia: _____

Repair Cost: \$S _____ (_____ days)

Loss of Rental (LOR): \$S _____ (S x _____ days)

Loss of Use (LOU): \$S _____ (S x _____ days)

Loss of Income (LOI): \$S _____ (S x _____ days)

LOR only LOU only LOR + LOU LOR + LOI (Tick only one)

GIA/LTA Search: \$S _____

Medical: \$S _____ (e.g. Tow/ Independent)

Disbursement: \$S _____

Legal Cost: \$S _____

Total: \$S _____ **Global Sum \$S:** _____ Email Call

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: _____

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

ASS. REC. BY:

REF: TD /

ASSIGNMENT

Kenneth

Veh No: SHB 9921C Yr Regn: 09, 13

From: _____ Date: _____

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

Estimated Cost: _____

Truck / Trailer or A

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

Make: Renault Latitude c.c. 1995

To Inspect Vehicle No: _____

Colour M. White / Red A/C: Insured / Std / NI / NA

at Workshop m/s Trans Cab

Sp. Reading 218372 T/Radio: Insured / Std / NI / NA

of _____

Eng/No: _____

Insured: _____

C/No: VIFIABL15AUC 273325

Policy No. _____

Gen. Cond: Good / Fair / Poor / Burnt

Claims No. _____

Steering: Inorder / Jammed / Leaked / Burnt or

Sum Insured: _____ Excess: _____

Brake: Inorder / Jammed / Leaked / Burnt or

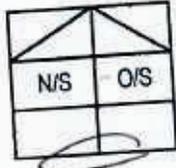
(Client's Record)

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

Make of Veh: _____

Tyre Size: F: Ling Long 215/60R16

(Policy Condition)



Remark: The veh had commenced its repair at the time of inspection.

R: Falken

Bal. or Market Value: _____

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

IDAC Accident Rport: _____ Consistent? : Yes or No

Front R/Bal. 8 mm

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

L/Bal. 8 mm

Est. Repairs: 02 days Res.: Yes or No

D.O.A. 11/9/16 D.O.I. 14/9/16

Lum Sum: 20 % 3 Val.: Yes or No

Survey held at _____

CA / REV / REP. / 24 HRS

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

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

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

Date / Time	Action / Instruction
<u>15/9</u>	<u>File pass to Catherine</u>
<u>4</u>	<u>L1 Reg B 22501</u>

Date/Time, File Pass to? : Preli. Report : Final Report

Days Of Repair: _____ Resurvey No. of Trip: _____

1) _____ Date/Time, File Return to? 2) _____

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

Survey Fee: _____
Transportation: _____
S + RS _____ \$
Photos _____
Others _____
TOTAL _____

Report Format : _____ Lump Sum / I.B.I: (\$ _____)