

CC 4/AXA1601 7401, Ayb3

LKK:
IDAC:

INS. CASE OWNER:

Surveyor:

Adrian

DOI:

ASSIGNMENT

16/4/10

Date / Time:

Registered in Merimen:

15/4/10

15/4/10

Pre-assign / CCU / FTE

SHC 5541L

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)

SKE 53772

INSRS:
WSP:
Tel:
Liability:
RMKS:

SK

INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:

Date/ Time	STAGE	DATE / PIC
	Non-Reporting Itr (1st):	
	Non-Reporting Itr (2nd):	
	Non-Reporting Itr (Final):	
	Notification Itr (if non-pickup):	
	Call OI:	
	After call Itr to OI:	
	Documentation Check List:	Handler Typist
	Notification Itr (if non-pickup):	☐ ☐
	After call Itr 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:	Confirm by:
Repair Cost:	SS	(days) Reduction: %	Email ☐ Call ☐

FINAL SETTLEMENT	Date/Time:	Confirm with:	Confirm by:
Final Liability:	%	(Agreed / Assessed) BOLA S/N No.:	If NO or B 28, Ass. Lia:
Repair Cost:	SS		
Loss of Rental (LOR):	SS	(days)	
Loss of Use (LOU):	SS	(\$ x days)	
Loss of Income (LOI):	SS	(\$ x days)	
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐			[Tick only one]
GIA/LTA Search	SS		
Medical:	SS		
Disbursement:	SS	(e.g. Tow/ Independent)	
Legal Cost	SS		
Total:	SS	Global Sum SS:	
			Email ☐ Call ☐

FINAL PAYMENT	Date/Time:	Confirm with:	Confirm by:
Payee 1:	SS	Name 1:	
Payee 2: (Strike if N.A.)	SS	Name 2:	
Payee 3: (Strike if N.A.)	SS	Name 3:	

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

Surveyor:

ASSIGNMENT

From: _____ Date: 16/9/2016

Estimated Cost: _____

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

To Inspect Vehicle No: SKI 53712

at Workshop m/s SK Automobile

of 8 Kaki Bukit Ave 4 # 08-46

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 Rpt: _____ 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 Wp

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SKES3772 Yr Regn: 2012 March

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

Truck / Trailer or

Make: Nissan Almera c.c 1498

Colour: Silver A/C: Insured / Std / NI / NA

Sp. Reading: 119058 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: MINTBBAN1720000024

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: 185/65R15

R: 185/65R15

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

TOYO / YOKO or

Front

Rear

R/Bal. 06 mm R/Bal. 06 mm

L/Bal. 06 mm L/Bal. 06 mm

D.O.A. D.O.I. 16/09/16

Survey held at SK

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

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

Date / Time Action / Instruction

TP AxA

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Report Format :

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

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$)

☐ : Interview (\$)

☐ : Tech. Invs (\$)

☐ : Weekend (\$)

Survey Fee:

Transportation:

\$ + RS, \$ SI

Photos

Others

TOTAL