

CC 4/AXA1601 8755, (Fmb)

LKK:
IDAC:

INS. CASE OWNER:

Kenneth

DOI:

ASSIGNMENT

Date / Time:

4/10/16

Surveyor:

Registered in Merimen:

4/10/16

Pre-assign / CCU / FTE



Insured Vehicle No.:

SGM 7344K

Name of Insured:

Insured Tel No.:

HP:

D.O.A.:

Nature of Accident:

Claim No.:

Policy No.:

Make / Model:

Place of Accident:

Excess Sec II :SS

Is driver the owner?

(YES / NO)

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

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

Insured Liability:

%

Final ? Yes / No

WNH 4497



INSRS:

WSP:

Tel:

Liability:

RMKS:

Antoexcel



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/Time	STAGE	DATE / PIC
WNH 4497 - X	Non-Reporting ltr (1st):	
SGM 7344K - X	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:	
	Post-Repair Photos:	
	Others:	

PRELIMINARY ADVICE	Date/Time:	Sent By:	Confirm by:
FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost:	SS	(days) Reduction:	%
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:	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		1) Claim status: Normal/Reject/Private Settle
Medical:	SS		2) Report Format:
Disbursement:	SS	(e.g. Tow/ Independent)	3) Survey fee:
Legal Cost:	SS		
Total:	SS	Global Sum SS:	Email ☐ Call ☐
FINAL PAYMENT	Date/Time:	Confirm with:	
Payee 1:	SS	Name 1:	
Payee 2: (Strike if N.A.)	SS	Name 2:	
Payee 3: (Strike if N.A.)	SS	Name 3:	

ASS. REC. BY:

Kennerth**ASSIGNMENT**

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s 1 teny 62; 1404

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 Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 07 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: WNH 44P7 Yr Regn: CP 1 05Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Proton Waja c.c. 1584Colour: M. Gold A/C: Insured / Std / NI / NASp. Reading: 96558 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: PLICFISNR.51-237718Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 151KerR: 195/55R15

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

TOYO / YOKO or

Front: _____ Rear: _____

R/Bal. 4 mm R/Bal. 6 mmL/Bal. 4 mm L/Bal. 6 mmD.O.A. 28/9/16 D.O.I. 5/10/16

Survey held at _____

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

N/S Rm & U/C

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

Date / Time Action / Instruction

6/10 file sent to Carhuine

Date/Time, File Pass to?

☐ : Preli. Report☐ : Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

S + RS. \$

Photos

Others

TOTAL

Report Format: _____

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

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