

INS. CASE OWNER:

CC 6/AIG1602 2021, Uwb3

LKK:

IDAC:

Surveyor:

marcus

DOI:

ASSIGNMENT

18/11/10

Date / Time:

Registered in Merimen:

18/11/10

18/11/10

Pre-assign / CCU / FTE



Insured Vehicle No.:

SLD 89024

Name of Insured:

Insured Tel No.:

HP:

D.O.A:

6/11/10

Claim No.:

Policy No.:

Make / Model:

Place of Accident:

Excess Sec II :S\$

Is driver the owner?

(YES / NO)

Nature 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)

SJB 9117J



INSRS:

WSP:

Tel:

Liability:

RMKS:

Torque



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

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)	☐ ☐
	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 with:

Confirm by:

Email ☐ Call ☐

FINALIZATION

Date/Time:

Repair Cost:

S\$

(

days)

Reduction:

%

Email ☐ Call ☐

FINAL SETTLEMENT

Date/Time:

Confirm with

(Agreed / Assessed) BOLA S/N No.:

If NO or B 28, Ass. Lia:

Final Liability:

S\$

Repair Cost:

S\$

(

days)

Loss of Rental (LOR):

S\$

(\$

x

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\$

Legal Cost

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:

(06/11/13) wef

ASS. REC. BY: marcus

REF:

A161
ASSIGNMENT

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:

GIA / PR Seen:

Est. Repairs:

Lum Sum:

Consistent? : Yes or No

Consistent? : Yes or No

days Res.: Yes or No

% 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

Date / Time

Action / Instruction

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

Report Format :

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

☐ : Preli. Report
☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:

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

) S + RS) Si

) Photos

) Others

TOTAL

Veh No:

Yr Regn:

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

Truck / Trailer or

Make:

Colour:

Sp. Reading:

Eng/No:

C/No:

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:

R:

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

TOYO / YOKO or

Front

R/Bal.

L/Bal.

D.O.A.

Survey held at

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

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

Rear

R/Bal.

L/Bal.

D.O.I.

1796

A/C: Insured / Std / NI / NA

T/Radio: Insured / Std / NI / NA

WDB2110422A821364

225/55R16

N/S	O/S

Front

R/Bal.

L/Bal.

D.O.A.

Survey held at

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

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

Rear

R/Bal.

L/Bal.

D.O.I.

1796

A/C: Insured / Std / NI / NA

T/Radio: Insured / Std / NI / NA

WDB2110422A821364

225/55R16