

INS. CASE OWNER:

CC 4/III1701

LKK:
IDAC:

ASSIGNMENT

Surveyor:

DOI:

Date / Time:

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

Name of Insured:

Insured Tel No.:

HP:

Excess Sec II :\$

D.O.A.:

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)



INSRS:

WSP:

Tel:

Liability:

RMKS:



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: _____		
FINALIZATION Date/Time: _____ Confirm with: _____ Email ☐ Call ☐		
Repair Cost: \$ (_____ days) Reduction: % _____ Email ☐ Call ☐		
FINAL SETTLEMENT Date/Time: _____ Confirm with: _____ If NO or B 28, Ass. Lia: _____		
Final Liability: % (Agreed / Assessed) BOLA S/N No.: _____		
Repair Cost: \$ _____		
Loss of Rental (LOR): \$ (_____ days) _____		
Loss of Use (LOU): \$ (\$ x _____ days) _____		
Loss of Income (LOI): \$ (\$ x _____ days) _____		
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]		
GIA/LTA Search: \$ _____ 1) Claim status: Normal/Reject/Private Settle		
Medical: \$ _____ 2) Report Format: _____		
Disbursement: \$ (e.g. Tow/ Independent) _____ 3) Survey fee: _____		
Legal Cost: \$ _____		
Total: \$ _____ Global Sum \$: _____ Email ☐ Call ☐		
FINAL PAYMENT Date/Time: _____ Confirm with: _____		
Payee 1: \$ _____ Name 1: _____		
Payee 2: (Strike if N.A.) \$ _____ Name 2: _____		
Payee 3: (Strike if N.A.) \$ _____ Name 3: _____		

208/11/13

AE 3. REC. BY:

REF:

III

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s ee Xing Motor

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: 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

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

BF818C

Yr Regn: 07 Jul 2011

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

Truck / Trailer or

Make:

Honda CBR1000Rcc 999

Colour:

Black

A/C Insured / Std / NI / NA

Sp. Reading

85094

T/Radio: Insured / Std / NI / NA

Eng/No:

JH2SC59AXB-1300684

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: 120/70ZR17

R: 190/50ZR17

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

TOYO / YOKO or

Front

Rear

R/Bal:

4 mm

R/Bal:

4 mm

L/Bal:

mm

L/Bal:

mm

D.O.A.

D.O.I.

11-07-17

Survey held at

W/S

5:45pm

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

and

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

Date / Time

Action / Instruction



Call 9062 3483 - Guo Hing

Date/Time, File Pass to?



: Preli. Report

1)



: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

\$ - RS \$

Photos:

Others:

Add Fee:



Site Insp (\$



Interview (\$



Tech. Invs (\$



Weekend (\$

Report Format :

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

TOTAL