

13/5/2010

INS. CASE OWNER:

CC 3/CT11702 4449, K wbb

LKK:
IDAC:

Surveyor:

Kenneth

DOI:

ASSIGNMENT

11/1/10

Date / Time:

14/1/10

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

SDW 4449E

Name of Insured:

Insured Tel No.:

HP:

Excess Sec II :SS

D.O.A:

18/1/10

Is driver the owner?

(YES / NO)

Nature of Accident:

Claim No.:

Policy No.:

Make / Model:

Place of Accident:

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

SHB 98084



INSRS:

WSP:

Tel:

Liability:

RMKS:

Trans
cab

INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

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Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

SHB 98084 - SDW 4449E - 18/1/10 - 14/1/10
SDW 4449E - X

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:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

SS

(

days)

Reduction:

%

Email

Call

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

LOR + LOI

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LTA/LTA Search

SS

Medical:

SS

Disbursement:

SS

(e.g. Tow/ Independent)

Total Cost

SS

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

Total:

SS

Global Sum S\$:

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

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:

REF:

071/

Kenneth

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. _____

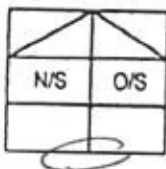
Sum Insured: _____ Excess: _____

(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: _____ Consistent? : Yes or No

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

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

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

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: S113 98084 Yr Regn: 07, 13

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

Truck / Trailer or _____

Make: Renault Latitude c.c. 1995

Colour: n. white / R/A/C: Insured / Std / NI / NA

Sp. Reading: 608671 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: VF1ABL15AUC 273413

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: R11 / S/Rim / STD A/Rim or

Tyre Size: F: Giti 215/60R16

R: Falken

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

TOYO / YOKO or

Front

R/Bal. 5 mm

L/Bal. 5 mm

D.O.A. 18/12/17

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.

Date / Time

Action / Instruction

20/12

File pass to Cerkem

21/12 @ 3000

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

Photos

Others

TOTAL

Report Format :

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

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

) \$ + RS \$

)

)

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