

15/5/2010

INS. CASE OWNER:

Lynette | *CC 4 ASM* | *0141 / K Wb3*

LKK:
IDAC:

Surveyor:

Lynette

DOI:

ASSIGNMENT

7/1/18

Date / Time :

7/1/18

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. :

SKE 3163L

Claim No. :

S8M006CP 127805

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :\$

D.O.A :

SATIVA

Place of Accident :

Is driver the owner? (YES / NO)

(YES / NO)

Nature 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

SVP 2858C



INSRS:
WSP:
Tel :
Liability :
RMKS:

Alan's (PRU)



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time

SVP 2858C - X

SKE 3163L - X

** smoredaim*

** PLS obtain evidence & liaise with Insd by any settlement. "*

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 by:

FINALIZATION

Date/Time:

Confirm with:

Repair Cost:

\$

(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:

\$

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

\$

Medical:

\$

1) Claim status: Normal/Reject/Private Settle

Disbursement:

\$

(e.g. Tow/ Independent)

2) Report Format:

Legal Cost

\$

3) Survey fee:

Total:

\$

Global Sum \$:

GLOBAL PAYMENT

Date/Time:

Confirm with:

Email Call

Payee 1:

\$

Name 1:

Payee 2: (Strike if N.A.)

\$

Name 2:

Payee 3: (Strike if N.A.)

\$

Name 3:

ASS. REC. BY:

REF: AD1

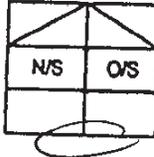
Kenneth

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To inspect Vehicle No: _____
 at Workshop m/s Alan'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: 819k
 IDAC Accident Rpt: _____ Consistent?: Yes or No
 GIA / PR Seen: _____ Consistent?: Yes or No
 Est. Repairs: 04 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: PUP 2858C Yr Regn: 09, 09
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: NIS HANP c.c. 2496
 Colour: Black AC: Insured / Std / NI / NA
 Sp. Reading: 114184 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: JN1BBUT327000068
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or _____
 Brake: In order / Jammed / Leaked / Burnt or _____
 Mod: Nil / S/Rlm / STD A/Rlm or _____
 Tyre Size: F: Pi _____
 R: B.S 225/50R17
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or _____
 Front: _____ Rear: _____
 R/Bal. 2 mm R/Bal. 4 mm
 L/Bal. 2 mm L/Bal. 4 mm
 D.O.A. 29/12/17 D.O.I. 3/1/18
 Survey held at _____
 Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or _____

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
<u>4/1</u>	<u>File pass to Cathryn</u>

Date/Time, File Pass to? : Prel. Report
 : Final Report

Days Of Repair: _____

Date/Time, File Return to? _____

Resurvey No. of Trip: _____

Survey Fee: _____

2) _____

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

Transportation: _____

\$ + RS \$ _____

Photos _____

Others _____

TOTAL

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