

15/5/2010

CC 6 / III 1800 0163- , WLB3

LKK:
IDAC:

INS. CASE OWNER:

ASSIGNMENT

Surveyor: Wilson DOI: 27/1/10 Date / Time : 27/1/10
Registered in Merimen: 27/1/10

Pre-assign / CCU / FTE



Insured Vehicle No. : 57Q 1586L
Name of Insured : _____
Insured Tel No. : _____ HP: _____
D.O.A : m/vtr

Claim No. : _____
Policy No. : _____
Make / Model : _____
Place of Accident : _____

Excess Sec II : \$

Is driver the owner? (YES / NO) Nature of Accident : _____

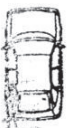
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

If NO, Driver Name / Age : _____

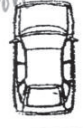
Driver Tel No. : _____

(V/L: YES / NO)

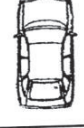
Insured Liability : % Final ? Yes / No



INSRS:
WSP: m/v solution
Tel : _____
Liability : _____
RMKS: _____



INSRS:
WSP: _____
Tel : _____
Liability : _____
RMKS: _____



INSRS:
WSP: _____
Tel : _____
Liability : _____
RMKS: _____



INSRS:
WSP: _____
Tel : _____
Liability : _____
RMKS: _____

Date/Time	STAGE	DATE / PIC
<u>27/1/10</u>	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)	<input type="checkbox"/> <input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/> <input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/> <input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/> <input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/> <input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
	PIR:	<input type="checkbox"/> <input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
	LOD	<input type="checkbox"/> <input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
	Others:	<input type="checkbox"/> <input type="checkbox"/>

PRELIMINARY ADVICE Date/Time: _____ Sent By: _____ Confirm by: _____

FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____
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: \$\$

Medical: \$\$

Disbursement: \$\$ (e.g. Tow/ Independent)

Legal Cost: \$\$

Total: \$\$ **Global Sum \$\$:**

1) Claim status: Normal/Reject/Private Settle

2) Report Format: _____

3) Survey fee: _____

FINAL 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: _____

Wilson
PRE

REF:

Indica Insurance

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD/TP/WS/TP RES/OD RES/EVA/INV/MV
 To inspect Vehicle No: SKT 879Z
 at Workshop no: M&G Solution
 of: 23, Kedar, Bakti Ave 4 #02-03
 Insured: _____
 Policy No: _____
 Claims No: _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

Veh No: SKT 879Z Tr Regn: 25/6/2015
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Honda : 1496
 Colour: Dark Blue A.C. Insured / Std / NI / NA
 Sp. Reading: 31018 T Radio Insured / Std / NI / NA
 Eng No: _____
 C No: RU1-1019424
 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

(Policy Condition)
 Remark: The veh had commenced its
 repair at the time of inspection.

X	
N/S	O/S

Tyre Size F: 215/60 R16
 R: 215/60 R16
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or
 Front R/Bal: 4 mm Rear R/Bal: 4 mm
 L/Bal: 4 mm L/Bal: 4 mm
 D.O.A: 23/12/2017 D.O.I: 27/12/2017
 Survey held at: As Above
 Des. of Damages: Frnt / Rear / O/S / N/S / U/C / Rooftop or

Bal. or Market Value: _____
 IDAC Accident Report Consistent?: Yes or No
 G/A / PR Seen Consistent?: Yes or No
 Est. Repairs: days Res.: Yes or No
 Lump Sum % 3 Val. Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____
 Vehicle: IN / OUT

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

Date / Time Action / Instruction
Quotation Given

Date/Time File Pass to: : Preli. Report
 : Final Report

Days Of Repair:
 Resurvey No. of Trip:

Add Fee: Site Insp \$
 Interview \$
 Tech Invs \$
 Meetings \$

Survey Fee

Report Format:
 Lump Sum / I.B.I. \$