

15/5/2010

CC 3 /AIG1800 0982 / Kub3

LKK:

IDAC:

INS. CASE OWNER:

ASSIGNMENT

Surveyor:

Kenneth

DOI:

16/1/18

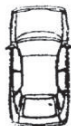
Date / Time :

15/1/18

Registered in Merimen:

16/1/18

Pre-assign / CCU / FTE



Insured Vehicle No. : SCJ 31685

Name of Insured :

Insured Tel No. : HP:

Excess Sec II : \$\$

D.O.A :

12/1/18

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

SHC 5763D

INSRS:
WSP:
Tel :
Liability :
RMKS:Trans
CubINSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
SHC 5763D - 4	Non-Reporting ltr (1st):	
SCJ 31685 - 16/1/18 10:00 5763D number 000 27/1/18	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:	
Repair Cost: \$\$	(days) Reduction: %	Confirm by: Email ☐ Call ☐
FINAL SETTLEMENT Date/Time:	Confirm with	
Final Liability: %	(Agreed / Assessed) BOLA S/N No. :	Email ☐ Call ☐
Repair Cost: \$\$	If NO or B 28, Ass. Lia :	
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 \$\$:	
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:	

ASS. REC. BY:

REF:

AIG

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Tans Cab

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.

☒ N/S	☐ O/S
☐	☐

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

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: S/H 5267D Yr Regn: 03, 14

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

Truck / Trailer or

Make: Perant Latitude c.c. 1995Colour: N. White / Red A/C: Insured / Std / NI / NASp. Reading: 169424 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: VIFIABL15AUC 276702Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: Giti 215/60R16R: FalkenBS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or

Front

R/Bal. P mmL/Bal. P mmD.O.A. 12/1/18

Survey held at

Rear

R/Bal. C mmL/Bal. 8 mmD.O.I. 15/1/18

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

16/1 15h 45m to 16h 00m
11 By 160a

Date/Time, File Pass to?

☐ : Prell. Report

Days Of Repair: _____

1)

☐ : Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

2)

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

Survey Fee: _____

Transportation: _____

S + RS. SI

Photos

Others

TOTAL

Report Format: _____

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