

15/5/2010

INS. CASE OWNER:

Lynthia

CC 4 ASA
AXA1800 1997, A yob

LKK:

IDAC:

Surveyor:

Adrian

DOI:

ASSIGNMENT

2/7/18

Date / Time :

1/2/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

F8M 2671H

Claim No. :

SGM00851 | 26477

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II : \$\$

D.O.A. :

31/01/18

Place of Accident :

Is driver the owner? (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

SLC 6860L



INSRS:

WSP:

Tel :

Liability :

RMKS:

Torque

5
(ARC)

INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

SLC 6860L 7NA (AXA1800) 24 Nov 21/18
F8M 2671H
4 Smartclaim
"ID-NR." "TP-HSR." "MS obtain evidence"

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:

PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

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:

\$\$

Disbursement:

\$\$

(e.g. Tow/ Independent)

Legal Cost

\$\$

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

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:

REF: ASM (MxA)

Suzuki

Smart claim

ASSIGNMENT

From: Date: 02/02/2018

Estimated Cost:

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

To Inspect Vehicle No: SLC 6860L

at Workshop m/s

of 8 Kaki Bukit Ave 4 #01-49

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: 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: SLC6860L. Yr Regn: 2016 May.

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

Truck / Trailer or

Make: Toyota Altis C.C. 1598

Colour: Red A/C Insured / Std / NI / NA

Sp. Reading: 62504 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: MROS3REH104547743.

Gen. Cond: ☒ Good / Fair / Poor / BurntSteering: ☒ In order / Jammed / Leaked / Burnt orBrake: ☒ In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 205/55R16

R: 205/55R16

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

TOYO / YOKO or

Front

Rear

R/Bal. 06 mm

R/Bal. 06 mm

L/Bal. 06 mm

L/Bal. 06 mm

D.O.A.

D.O.I.

Survey held at:

Torque 5.

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

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

Date / Time Action / Instruction

TP MxA.

Date/Time. File Pass to?

☐

: Preli. Report

1)

Date/Time. File Return to?

☐

: Final Report

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee

Transportation

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

\$ - RS \$

Photos

Others

Report Format:

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

TOTAL