

100000

INS. CASE OWNER:

CG 3 / III1800 0035, KLW6

LKK: IDAC:

Surveyor:

Kalvin

ASSIGNMENT

Date / Time:

8/1/18

Registered in Meritum:

9/1/18

Pre-assign / CCU / FTE

Insured Vehicle No.: SHC 19221
Name of Insured:
Insured Tel No.:

HP: 07 07118
D.O.A.:

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

Is driver the owner? (YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

OJ GIA REPORT: YES / NO : TP GIA REPORT: YES / NO

SHB 86194

(V/L: YES / NO)

Insured Liability: % Final ? Yes / No

INSRS: WSP: Tel: Liability: RMKS:

Date/Time	STAGE	DATE/PIC
SHB 36144 - 7	Non-Reporting In (Lit)	
SHC 19221 - 7	Non-Reporting In (Lit)	
	Non-Reporting In (Final)	
	Notification In (if non-pickup)	
	Call OR	
	After call In to OI	
	Documentation Check List:	
	Notification In (if non-pickup)	
	After call In to OI	
	Authorization 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:	SS	(days) Reduction: %
FINAL SETTLEMENT	Date/Time:	Confirm with:
Final Liability:	%	(Agreed / Assessed) BOLA S/N No.:
Repair Cost:	SS	
Loss of Rental (LOR):	SS	(\$ x days)
Loss of Use (LOU):	SS	(\$ x days)
Loss of Income (LOI):	SS	(\$ x days)
LOR only	<input type="checkbox"/>	LOU only <input type="checkbox"/>
LOR + LOU	<input type="checkbox"/>	LOR + LOI <input type="checkbox"/>
LOR only	<input type="checkbox"/>	LOU only <input type="checkbox"/>
LOR + LOU	<input type="checkbox"/>	LOR + LOI <input type="checkbox"/>
GIA/LTA Search	SS	
Medical:	SS	
Disbursement:	SS	(e.g. Tow/Independent)
Legal Cost	SS	
Total:	SS	Global Sum SS:
FINAL PAYMENT	Date/Time:	Confirm with:
Payee 1:	SS	Name 1:
Payee 2 (Strike if N.A.):	SS	Name 2:
Payee 3 (Strike if N.A.):	SS	Name 3:

Surveyor: Kalvin

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OO / TP / WS / TP RES / OD RES / EVA / INV / MY
 To Inspect Vehicle No. _____
 at Workshop No. _____
 of _____
 Insured: _____
 Policy No. _____
 Claims No. _____
 Sum Insured: _____
 (Client's Record) _____
 Make of Veh: _____

Veh No: SHB 86194 Reg: 23 of 213
 Type: M.Cari / M.Cycle / Bus / Van / Lorry / (X) Prime Mover /
 Truck / Trailer or _____
 Make: KIA optima 1.8
 Colour: Silver A/C: Ins/Def/Std/NI/NA
 Sp Reading: 51404 T/ Radio: Ins/Def/Std/NI/NA
 Eng No: _____
 C/No: KNAGA 4142554820
 Gen. Condi: Good / Fair / Poor / Burnt
 Steering: Inop / Jammed / Leaked / Burnt or _____
 Brakes: Inop / Jammed / Leaked / Burnt or _____
 Mod: Nil / S/Rim / STD / Rim or _____
 Tyre Size: F: 205/65R16
 R: _____

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

INS	DIS
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BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUM / TOYO / YOKO or _____
 Front: _____ Rear: _____
 R.Bal: 7 mm R.Bal: 7 mm
 L.Bal: 7 mm L.Bal: 7 mm
 D.O.A. 7/2/18 D.O.I. 8/2/18
 Survey held at: _____
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Roof/tp or _____
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

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

Date/Time File Pass to:	<input type="checkbox"/> Prel. Report	Days Of Repair:	Survey Fee:
Date/Time File Return of:	<input type="checkbox"/> Final Report	Resurvey No. of Trip:	Transportation:
Add Fee:	<input type="checkbox"/> Site Insp: \$	<input type="checkbox"/> 1st + 2nd: \$	
	<input type="checkbox"/> Interview: \$	<input type="checkbox"/> Photo: \$	
	<input type="checkbox"/> Technician: \$	<input type="checkbox"/> Other: \$	
	<input type="checkbox"/> Weekend: \$		