

05/2010

INS. CASE OWNER

CC 4 / AIG18002805 / KUS3

EKK

IDAC

ASSIGNMENT

Surveyor:

Kenneth

DOI:

12/02/13

Date/Time:

12/02/13

Registered in Meritnet:

12/02/13

Pre-assign / CCU / FTE



Insured Vehicle No.: SKL 8169B

Claim No.:

Name of Insured:

Policy No.:

Insured Tel No. HP:

Make/Model:

Excess Sec II - SS D.O.A.: 02/02/13

Place of Accident:

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

IF NO, Driver Name / Age:

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

Driver Tel No. (VL: YES / NO)

Insured Liability: % Final? Yes/No



INSRS: WSP: New York Tel: Liability: RMKS:



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INSRS: WSP: Tel: Liability: RMKS:

Date/Time	STAGE	DATE/ PIC
SKL 8169B - X	Non-Reporting Ir (1st)	
	Non-Reporting Ir (2nd)	
	Non-Reporting Ir (Final)	
	Notification Ir (if non-pickup)	
	Call OI	
	After call Ir to OI	
	Documentation Check List: Handler Type:	
	Notification Ir (if non-pickup)	
	After call Ir to OI	
	Authorization To Act:	
	Release Voucher:	
	Final Repair Bill:	
	Car Rental Invoice:	
	Towing Invoice:	
	UTA / GIA:	
	Medical Bill:	
	FIR:	
	Mandate/Reject Instruction:	
	LOD	
	Payment Breakdown Form:	
	Post-Repair Photos:	
	Others:	

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)

LOI only LOU only LOR + LOU LOR + LOI [Tick only one]

GIA/UTA Search: \$\$

Medical: \$\$

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

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: _____

ASSIGNMENT

From _____ Date 13/2/18

Estimated Cost _____

OD TP WS TP RES OD RES EVA INV MV

To inspect Vehicle No SKS 8384J

at Workshop/Ins Hui Yang

of BK 176, Sin Ming Drive #04-02

Insured _____

Policy No _____

Claims No _____

Sum Insured: _____ Excess _____

(Client's Record) After 11 am

Make of Veh: _____

Van No SKS 8384J Page 06 10

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

Truck Trailer

Make BMW A) 523i 2497

Colour M. Silver A/C Insured Std. No. NA

Sp. Reading 198308 T. Radio Insured Std. No. NA

Eng No: _____

C.No. WBAFP-32000 C544482

Gen. Cond: Fair Poor Burnt

Steering: In order Jammed Leaked Burnt or _____

Brake: In order Jammed Leaked Burnt or _____

Mod: NH / BRim STD ARim or _____

Tyre Size: F: 245/35ZR20

R: 275/30ZR20

(Policy Condition)

N/S	O/S
	<input checked="" type="checkbox"/>

Remark: The veh had commenced its repair at the time of inspection.

Bal. or Market Value _____

iDAD Accident Report: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 04 days Res: Yes or No

Lum Sum: 20 % 1 3 Val: Yes or No

CA / REV / REP. / 24 HRS wp'

Date _____ Person Contacted: _____ Vehicle: IN / OUT

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

TOYO / YOKO or _____

Front	Rear
R.Bal. <u>6</u> mm	R.Bal. <u>4</u> mm
L.Bal. <u>6</u> mm	L.Bal. <u>4</u> mm
D.O.A. <u>2/2/18</u>	D.O.I. <u>13/2/18</u>

Surveyed at:

Des. of Damages: Front Rear O/S N/S U/C Rooftop or O/S Acc & U/C

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

Date	Time	Action / Instruction
<u>19/2</u>	<u>15h</u>	<u>File pass to Catherine</u>

Date/Time File Pass to: : Preli. Report

Date/Time File Return to: : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transporter: _____

Add Fee: Site Insp: \$ _____

Night: \$ _____

Tech: \$ _____

Weekend: \$ _____

Report Format: _____

Lump Sum / B.B. \$ _____