

INS. CASE OWNER:

CC 4/EQ11800 3581, S ybn

LKK:

IDAC:

Surveyor:

YWF

DOI:

ASSIGNMENT

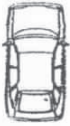
26/7/18

Date / Time :

26/7/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

PC 1266M

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II : \$\$

D.O.A :

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. :

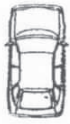
(V/L: YES / NO )

Insured Liability :

%

Final ? Yes / No

GBC 38482



INSRS:

WSP:

Tel :

Liability :

RMKS:

Trans  
Eurotax

INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

| Date/ Time | 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:             |                                                   |
|            | <b>Documentation Check List:</b>  | <b>Handler</b> <b>Typist</b>                      |
|            | 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"/> |

|                                                                                                                                           |            |                                                              |
|-------------------------------------------------------------------------------------------------------------------------------------------|------------|--------------------------------------------------------------|
| <b>PRELIMINARY ADVICE</b>                                                                                                                 | Date/Time: | Sent By:                                                     |
| <b>FINALIZATION</b>                                                                                                                       | Date/Time: | Confirm with:                                                |
| Repair Cost:                                                                                                                              | \$\$       | ( days) Reduction: %                                         |
|                                                                                                                                           |            | Email <input type="checkbox"/> Call <input type="checkbox"/> |
| <b>FINAL SETTLEMENT</b>                                                                                                                   | Date/Time: | Confirm with                                                 |
|                                                                                                                                           |            | Email <input type="checkbox"/> Call <input type="checkbox"/> |
| 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 <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> |            | [Tick only one]                                              |
| GIA/LTA Search                                                                                                                            | \$\$       |                                                              |
| Medical:                                                                                                                                  | \$\$       |                                                              |
| Disbursement:                                                                                                                             | \$\$       | (e.g. Tow/ Independent )                                     |
| Legal Cost                                                                                                                                | \$\$       |                                                              |
| <b>Total:</b>                                                                                                                             | \$\$       | <b>Global Sum \$\$:</b>                                      |
| <b>FINAL PAYMENT</b>                                                                                                                      | Date/Time: | Confirm with:                                                |
|                                                                                                                                           |            | Email <input type="checkbox"/> Call <input type="checkbox"/> |
| Payee 1:                                                                                                                                  | \$\$       | Name 1:                                                      |
| Payee 2: (Strike if N.A.)                                                                                                                 | \$\$       | Name 2:                                                      |
| Payee 3: (Strike if N.A.)                                                                                                                 | \$\$       | Name 3:                                                      |

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

REF:

Signature

## ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

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

To Inspect Vehicle No: \_\_\_\_\_

at Workshop m/s \_\_\_\_\_

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.

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

Date / Time | Action / Instruction

Veh No: GBC 3848L Yr Regn: 20/1/2012Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Nissan NV 200 C.C. 1461Colour: White A/C: Insured / Std / NI / NASp. Reading: 184701 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: VSKYBAM 20460 24902Gen. Cond: Good / Fair / Poor / BurntSteering: Insured / Jammed / Leaked / Burnt orBrake: Insured / Jammed / Leaked / Burnt orModi: NP / S/Rim / STD A/Rim orTyre Size: F: 185/70R14R: 11BS / DUN / EXNOVA / GY / FS / LIZA / MA / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front Rear

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. 22/2/18 D.O.A. 26/2/18Survey held at Trans EwokorDes. 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, File Pass to?

☐ : Preli. Report1) \_\_\_\_\_  
Date/Time, File Return to?☐ : Final Report

2) \_\_\_\_\_

Report Format :

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

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

Survey Fee: \_\_\_\_\_

Transportation: \_\_\_\_\_

Add Fee: ☐ : Site Insp (\$ \_\_\_\_\_) S + RS. \$ \_\_\_\_\_☐ : Interview (\$ \_\_\_\_\_) Photos☐ : Tech. Invs (\$ \_\_\_\_\_) Others☐ : Weekend (\$ \_\_\_\_\_)

TOTAL