

INS. CASE OWNER:

CC 4/III1800 3830, Akab

LKK:
IDAC:

Surveyor: Adrian

DOI: ASSIGNMENT 28/1/18

Date / Time : 1/2/18
Registered in Merimen: 1/2/18

Pre-assign / CCU / FTE



Insured Vehicle No. : SHC 14314
Name of Insured :
Insured Tel No. : HP:
Excess Sec II : \$\$ D.O.A : 20/1/18
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 14314

SJN 4337K

SBE 988AT



INSRS:
WSP:
Tel :
Liability :
RMKS: 01



INSRS: Karg
WSP:
Tel :
Liability : TP
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
SJN 4337K - P	Non-Reporting ltr (1st):	
SHC 14314 - P	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)	<input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/>
	Towing Invoice:	<input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/>
	PIR:	<input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/>
	LOD	<input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/>

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: \$\$

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:

Carreyor:

ASSIGNMENT

13/02/09.

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.

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rport: _____ 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: SJN4337K. Yr Regn: 2009 / Feb

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

Truck / Trailer or

Make: Hyundai Avante. c.c 1591

Colour: Grey. A/C: Insured / Std / NI / NA

Sp. Reading: 132315. T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMH041BR90688141

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195/65R15

R: 195/65R15

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. 28/02/18

Survey held at Kang.

Des. of Damages: Frnt / Rear / O/S / N/S / U/C / Rooftop or

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

Date / Time	Action / Instruction
	<u>TP III</u>
	<u>MV : IAK</u>
	<u>PV : SIK.</u>
	<u>Net : P.K.</u>

Date/Time, File Pass to? : Preli. Report : Final Report

Days Of Repair: _____ Resurvey No. of Trip: _____

1) _____
Date/Time, File Return to?

Report Format : _____

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

Add Fee: : Site Insp (\$ _____) : S + RS, SI

: Interview (\$ _____) : Photos

: Tech. Invs (\$ _____) : Others

: Weekend (\$ _____)

Survey Fee:	
Transportation:	
TOTAL	