

INS. CASE OWNER:

CC 6/AIG1800 3867, UK63

LKK:
IDAC:

Surveyor: Marcus

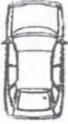
DOI: ASSIGNMENT
28/2/18

Date / Time : 28/2/18

Registered in Merimen: 28/2/18

Pre-assign / CCU / FTE

GBG 6582L



Insured Vehicle No. : _____

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$ _____ D.O.A : 28/2/18

Place of Accident : _____

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

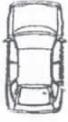
If NO, Driver Name / Age :

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

Driver Tel No. : _____ (V/L: YES / NO)

Insured Liability : % Final ? Yes / No

Gx 29270



INSRS: Kim Chwee
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	<u>Gx 29270 - x</u>	<u>6582L</u>	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)	<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"/>
PRELIMINARY ADVICE	Date/Time:	Sent By:	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
			Others:	<input type="checkbox"/> <input type="checkbox"/>
FINALIZATION	Date/Time:	Confirm with:	Confirm by:	
Repair Cost:	\$ \$	(days) Reduction:	%	Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT	Date/Time:	Confirm with	Email <input type="checkbox"/> Call <input type="checkbox"/>	
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 <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:	\$ \$			1) Claim status: Normal/Reject/Private Settle
Disbursement:	\$ \$	(e.g. Tow/ Independent)		2) Report Format:
Legal Cost	\$ \$			3) Survey fee:
Total:	\$ \$	Global Sum \$ \$:		
FINAL PAYMENT	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:		

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: GX2927D
 at Workshop m/s Kim Chuan
 of _____
 Insured: ABC 6582L
 Policy No. _____
 Claims No. _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

Veh No: GX2927D Yr Regn: 3, 04
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Toyota Hiace c.c. 2986
 Colour: Blue A/C: Insured / Std / NI / NA
 Sp. Reading: 530648 T/Radio: Insured / Std / NI / NA
 Eng/No. _____
 C/No: LH1621010760
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or _____
 Brake: In order / Jammed / Leaked / Burnt or _____
 Modi: Nil / SRim / STD A/Rim or _____
 Tyre Size: F: 185 R14
 R: _____

N/S	O/S

(Policy Condition)
 Remark: The veh had commenced its
 repair at the time of inspection.
 Bal. or Market Value: 13k
 IDAC Accident Rpt: _____ Consistent? : Yes or No
 G/L PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: _____ days Res.: Yes or No
 Lum Sum: _____ % 3 Val.: Yes or No

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or _____
 Front _____ Rear _____
 R/Bal. 6 mm R/Bal. 6 mm
 L/Bal. 6 mm L/Bal. 6 mm
 D.O.A. 27/2/18 D.O.I. 28/2/18
 Survey held at _____

CA / REV / REP. / 24 HRS 9934W
 Date: _____ Person Contacted: 3/2019
 Vehicle: IN / OUT

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Rear & L.
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction
4thly Sk. have GVA LTA 5329 net 7671

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

Days Of Repair: _____

1) Date/Time, File Return to?

Resurvey No. of Trip: _____

Survey Fee:	
Transportation:	
_____ S + RS _____ SI	
Photos	
Others	
TOTAL	

2) _____

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

Report Format :

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