

INS. CASE OWNER:

CC 4/AIG1800 4831 Ajob

LKK:
IDAC:

Surveyor:

Alnan

DOI:

ASSIGNMENT
14/3/18

Date / Time :

14/3/18

Registered in Merimen:

14/3/18

Pre-assign / CCU / FTE



Insured Vehicle No. : SLS 2194T

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$\$ _____ D.O.A : 2/3/18

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

SEN 778K



INSRS: Cruise
WSP: Antolcare
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
SEN 778K-y		
SLS 2194T-y		
	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"/>
	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
	Others:	<input type="checkbox"/> <input type="checkbox"/>
PRELIMINARY ADVICE Date/Time: _____ Sent By: _____		
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: \$\$		
Disbursement: \$\$ (e.g. Tow/ Independent)		
Legal Cost: \$\$		
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: _____		

ASS. REC. BY: Adrian Ling

REF: _____

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: _____

Veh No: SKN7781K Yr Regn: 2014 / March
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Toyota Alphard c.c. 2362
 Colour: Black A/C: Insured / Std / NI / NA
 Sp. Reading: 261464 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: ANH 2083/4828
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Modi: Nil / S/Rim / STD A/Rim or
 Tyre Size: F: 235/50R18
 R: 235/50R18
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Continental

(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

Front 06 mm R/Bal. 06 mm
 L/Bal. 06 mm L/Bal. 06 mm
 D.O.A. _____ D.O.I. 14/03/18
 Survey held at Cruise Autocare

CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____
 Vehicle: IN / OUT

Des. of Damages: Front / Rear / O/S / N/S / U/C / Rooftop or
front o/s
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>TPA16</u>

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

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

1) _____
 Date/Time, File Return to?
 2) _____
 Report Format : _____
 Lump Sum / I.B.I: (\$ _____)

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

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