

INS. CASE OWNER:

Cynthia

CC4 ASM / AXA1800 4956, E job

LKK:
IDAC:

Surveyor:

esc

DOI:

ASSIGNMENT

17/3/18

Date / Time :

15/3/18

Registered in Merimen:

Pre-assign / CCU / FTE

XE 2770L

S8M00AQP | 35705



Insured Vehicle No. :

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II : \$\$

D.O.A :

17/3/18

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

SKW 3570A



INSRS: *city*
WSP: *Auto*
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	<i>SKW 3570A - X</i>		
	<i>XE 2770L - Y</i>		
	<i># 9mrt claim</i>	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"/>
		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"/>
		Post-Repair Photos:	<input type="checkbox"/>
		Others:	<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:	\$\$		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:	

Surveyor

ASSIGNMENT

From: _____ Date: 15-03-2018

Estimated Cost: _____

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

To Inspect Vehicle No: SKW 3570A

at Workshop m/s: City Auto

of: 160 Sin Ming Drive #05-01

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

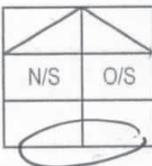
(Client's Record)

Make of Veh: _____

afternoon.

(Policy Condition)

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



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: SKW 3570A Yr Regn: 10, 15

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

Truck / Trailer or SA) MPV

Make: Toy Wish c.c. 1797

Colour: M. Black A/C: Insured / Std / NI / NA

Sp. Reading: 67042 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: ZGE 20 . 6024884

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/Rjm or

Tyre Size: F: 195/65R15

R: _____

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

TOYO / YOKO or

Front	Rear
R/Bal. <u>6</u> mm	R/Bal. <u>6</u> mm
L/Bal. <u>6</u> mm	L/Bal. <u>6</u> mm
D.O.A. <u>13/3 118</u>	D.O.I. <u>15/3 118</u>

Survey held at _____

Des. 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	Action / Instruction
<u>16/3</u>	<u>File pass to Catherine</u>

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

1) : Final Report

Date/Time, File Return to?

2) _____

Report Format : _____

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

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: : Site Insp (\$ _____))

: Interview (\$ _____))

: Tech. Invs (\$ _____))

: Weekend (\$ _____))

Survey Fee: _____

Transportation: _____

Photos _____

Others _____

TOTAL _____