

15/9/2010

INS. CASE OWNER:

CC 6 / LCR180

06408, Uwa3

LKK:

IDAC:

Surveyor:

MORRIS

DOI:

ASSIGNMENT

6/4/18

Date / Time :

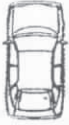
6/4/18

Registered in Merimen:

6/4/18

Pre-assign / CCU / FTE

SLR 2201L



Insured Vehicle No. :

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :SS

D.O.A : 28/3/18

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

FBC 6865C

MORRIS

INSRS:
WSP:
Tel :
Liability :
RMKS:B4H
0288KINSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC	
FBC 6865C X ; SLR 2201L X	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)	☐	☐
	After call ltr to OI:	☐	☐
	Authorisation To Act:	☐	☐
	Release Voucher:	☐	☐
	Final Repair Bill:	☐	☐
	Car Rental Invoice:	☐	☐
	Towing Invoice	☐	☐
	LTA / GIA :	☐	☐
Medical Bill:	☐	☐	
PIR:	☐	☐	
Mandate/Reject Instruction:	☐	☐	
LOD	☐	☐	
Payment Breakdown Form:	☐	☐	
Post-Repair Photos:	☐	☐	
Others:	☐	☐	

PRELIMINARY ADVICE		Date/Time:	Sent By:	Confirm by:
FINALIZATION		Date/Time:	Confirm with:	Confirm by:
Repair Cost:	SS	(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:	SS			
Loss of Rental (LOR):	SS	(days)		
Loss of Use (LOU):	SS	(\$ x days)		
Loss of Income (LOI):	SS	(\$ x days)		
LOR only ☐	LOU only ☐	LOR + LOU ☐	LOR + LO ☐	[Tick only one]
GIA/LTA Search	SS			
Medical:	SS			
Disbursement:	SS	(e.g. Tow/ Independent)		
Legal Cost	SS			
Total:	SS	Global Sum SS:		
FINAL PAYMENT		Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	SS	Name 1:		
Payee 2: (Strike if N.A.)	SS	Name 2:		
Payee 3: (Strike if N.A.)	SS	Name 3:		

(08/11/13) wef

ASS. REC. BY: Marcus

REF:

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: FRC6885at Workshop m/s BWH

of _____

Insured: SLR2201L

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: 800

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 2 days Res.: Yes or NoLum Sum: 1.5 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: FRC6885 Yr Regn: 6 / 08

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

Truck / Trailer or

Make: Yamaha V3A c.c. 124Colour: white A/C: Insured / Std / NI / NASp. Reading: 70593 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: LBPKC128080000180

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: 2.75 x 8R: 3.00 - 18

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

TOYO / YOKO or

metzeler

Front

R/Bal. 6 mm R/Bal. 6 mm

L/Bal. _____ mm L/Bal. _____ mm

D.O.A. 28/3/18 D.O.I. 6/4/18

Survey held at _____

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

Left

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

Date / Time Action / Instruction

6/4/18 confirmed finally 27A 30 8/20 with Raymond.

Date/Time, File Pass to?

☐ : Preli. Report☐ : Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:

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

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

Report Format: _____

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