

INS. CASE OWNER:

CC 4 / FWD1800 6452, A ea3

LKK:

IDAC:

Surveyor:

Imp

ASSIGNMENT

DOI:

6/4/18

Date / Time:

9-4-18

Registered in Merimen:

9-4-18

Pre-assign / CCU / FTE

Fbk 9112U



Insured Vehicle No.:

Name of Insured:

Insured Tel No.:

HP:

Excess Sec II :SS

D.O.A: 30/3/18

Is driver the owner?

(YES / NO)

Nature of Accident:

Claim No.:

Policy No.:

Make / Model:

Place of Accident:

64

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

ES933Z



INSRS:

WSP:

Tel:

Liability:

RMKS:

Crute



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

ES933Z X; Fbk 9112U X

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

Table with columns for documentation items and checkboxes for Handler and Typist.

RELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Repair Cost:

\$\$

(days) Reduction: %

Confirm by:

Email Call

FINAL SETTLEMENT

Date/Time:

Confirm with:

Final Liability:

%

(Agreed / Assessed) BOLA S/N No.:

Email Call

Repair Cost:

\$\$

If NO or B 28, Ass. Lia:

Cost of Rental (LOR):

\$\$

(days)

Cost of Use (LOU):

\$\$

(\$ x days)

Cost of Income (LOI):

\$\$

(\$ x days)

OR only LOU only

LOU only

LOR + LOU

LOR + LOI

[Tick only one]

IA/LTA Search

\$\$

Medical:

\$\$

Disbursement:

\$\$

(e.g. Tow/ Independent)

1) Claim status: Normal/Reject/Private Settle

Legal Cost

\$\$

2) Report Format:

Total:

\$\$

Global Sum \$\$:

3) Survey fee:

FINAL PAYMENT

Date/Time:

Confirm with:

Page 1:

\$\$

Name 1:

Email Call

Page 2: (Strike if N.A.)

\$\$

Name 2:

Page 3: (Strike if N.A.)

\$\$

Name 3:

ASS. REC. BY: Adrian King

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: _____

(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: ES933Z Yr Regn: 2013, Nov
 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: 284766 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: ANH 208301501
 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: 235/50R18
 R: 235/50R18
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Continental
 Front _____ Rear _____
 R/Bal. 06 mm R/Bal. 06 mm
 L/Bal. 06 mm L/Bal. 06 mm
 D.O.A. _____ D.O.I. 06/04/18
 Survey held at Cruise Autocare
 Des. of Damages: Frt / 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>TP FWD.</u>

Date/Time, File Pass to? : Preli. Report
 : Final Report
 1) _____
 Date/Time, File Return to?
 2) _____

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

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

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

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