

15/5/2010

INS. CASE OWNER:

Lynthia.

CC 4 Msm
AXA1800

6679, E Wb3

LKK:

IDAC:

Surveyor:

Kenneth

DOI:

ASSIGNMENT

10/4/18

Date / Time :

11/4/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

GBE 4293U

Claim No. :

88M0006X / 31155

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :\$\$

D.O.A :

02/04/18

Place of Accident :

Is driver the owner?

(YES / NO)

Nature of Accident :

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

SKD1319Z



INSRS:

WSP:

Tel :

Liability :

RMKS:

Klan's



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time	STAGE	DATE / PIC
SEP 9 197 - 4	Non-Reporting ltr (1st):	
GBE 4293U - 4	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: 11/4/18 Sent By: [Signature]		
FINALIZATION Date/Time: Confirm with: Confirm by:		
Repair Cost: \$\$ (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: \$\$		
Loss of Rental (LOR): \$\$ (days)		
Loss of Use (LOU): \$\$ (\$ x days)		
Loss of Income (LOI): \$\$ (\$ x days)		
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ [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 ☐ Call ☐		
Payee 1: \$\$ Name 1:		
Payee 2: (Strike if N.A.) \$\$ Name 2:		
Payee 3: (Strike if N.A.) \$\$ Name 3:		

ASS. REC. BY:

REF: AdA /Kenneth

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.Bal. or Market Value: 874k

IDAC Accident Rpt: _____

Consistent? : Yes or No

GIA / PR Seen: _____

Consistent? : Yes or No

Est. Repairs: 06 days

Res.: Yes or No

Lum Sum: 20 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____

Person Contacted: _____

Vehicle: IN / OUT

Date / Time

Action / Instruction

11/4 veh pass to Catherine

Date/Time, File Pass to?

☐

: Prell. 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: _____

S + RS. \$ _____

Photos _____

Others _____

TOTAL

Veh No: SKD 13198Yr Regn: 04, 11Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: M. E200c.c. 1796Colour: M. Black

A/C: _____

Insured / Std / NI / NA

Sp. Reading: 123547

T/Radio: _____

Insured / Std / NI / NA

Eng/No: _____

C/No: WDD 212 04 82A 391788Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt or _____Brake: Inorder / Jammed / Leaked / Burnt or _____Mod: Nil / S/Rlm / STD / Rlm or _____Tyre Size: F: Nil245/45 ER17R: NilBS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or _____

Front

Rear

R/Bal. 5 mmR/Bal. 4 mmL/Bal. 5 mmL/Bal. 4 mmD.O.A. 7/4/18D.O.I. 10/4/18

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.