

15/5/2010

INS. CASE OWNER:

CC 6/III1801 0561, Hhb3

LKK:  
IDAC:

Surveyor: Adrian

**ASSIGNMENT**

DOI: 8/6/18

Date / Time : 8/6/18

Registered in Merimen: 12/6/18

**Pre-assign / CCU / FTE**



Insured Vehicle No. : SEQ 9005H

Claim No. : \_\_\_\_\_

Name of Insured : \_\_\_\_\_

Policy No. : \_\_\_\_\_

Insured Tel No. : \_\_\_\_\_ HP: 8/6/18

Make / Model : \_\_\_\_\_

Excess Sec II :SS \_\_\_\_\_ D.O.A : 8/6/18

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**

SEQ 9005H

SEL 9497E

SVD 7147P



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS: 01



INSRS:  
WSP: leang  
Tel :  
Liability :  
RMKS: TP



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time		STAGE	DATE / PIC
	<u>SEL 9497E - X</u>		
	<u>SEQ 9005H - X</u>		
		Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	
		<b>Documentation Check List:</b>	<b>Handler</b> <b>Typist</b>
		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"/>
<b>PRELIMINARY ADVICE</b>	Date/Time: _____ Sent By: _____		
<b>FINALIZATION</b>	Date/Time: _____ Confirm with: _____ Confirm by: _____		
Repair Cost:	\$\$ ( _____ days) Reduction: % _____ Email <input type="checkbox"/> Call <input type="checkbox"/>		
<b>FINAL SETTLEMENT</b>	Date/Time: _____ Confirm with _____ Email <input type="checkbox"/> Cal <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 + LO <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:
<b>Total:</b>	<b>\$\$ Global Sum \$\$:</b>		
<b>FINAL PAYMENT</b>	Date/Time: _____ Confirm with: _____ Email <input type="checkbox"/> Cal <input type="checkbox"/>		
Payee 1:	\$\$ Name 1: _____		
Payee 2: (Strike if N.A.)	\$\$ Name 2: _____		
Payee 3: (Strike if N.A.)	\$\$ Name 3: _____		

**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: 5GL9493E - Yr Regn: 1  
 Type: M. Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
 Truck / Trailer or \_\_\_\_\_  
 Make: Hyundai Elantra c.c \_\_\_\_\_  
 Colour: Grey A/C: **Insured / Std / NI / NA**  
 Sp. Reading: 30612 T/Radio: **Insured / Std / NI / NA**  
 Eng/No: \_\_\_\_\_  
 C/No: \_\_\_\_\_  
 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: 195/65R15  
 R: 185/65R15  
**BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /**  
**TOYO / YOKO** or Hankook  

<u>Front</u>	<u>Rear</u>
R/Bal. <u>06</u> mm	R/Bal. <u>06</u> mm
L/Bal. <u>06</u> mm	L/Bal. <u>06</u> mm
D.O.A. _____	D.O.I. <u>08/06/18</u>

 Survey held at Keang Motor  
 Des. of Damages: **Front / 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>TPM</u>

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 (\$ \_\_\_\_\_ )

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

**Survey Fee:** \_\_\_\_\_  
**Transportation:** \_\_\_\_\_  
 S + RS, SI  
 Photos  
 Others  
**TOTAL** \_\_\_\_\_