

15/5/2010

INS. CASE OWNER:

CC 6 / EQ1801 0611, Ufb3

LKK:
IDAC:

Surveyor:

Marius

DOI:

ASSIGNMENT
11/6/18

Date / Time :

11/6/18

Registered in Merimen:

Pre-assign / CCU / FTE

SLR 1673P



Insured Vehicle No. : _____

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

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

SLX 5761G



INSRS: *Quam*
WSP: *bc.*
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/Time

SLX 5761G-X SLR 1673P-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

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:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost: \$\$

(days) Reduction: %

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with

Email

Cal

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 + LO [Tick only one]

GIA/LTA Search: \$\$

Medical: \$\$

Disbursement: \$\$

(e.g. Tow/ Independent)

Legal Cost: \$\$

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

Total: \$\$

Global Sum \$\$:

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Cal

Payee 1: \$\$

Name 1:

Payee 2: (Strike if N.A.) \$\$

Name 2:

Payee 3: (Strike if N.A.) \$\$

Name 3:

(08/11/13) wef

ASS. REC. BY: Mercus

REF:

EA/

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: SLX-361G

at Workshop m/s Quan De

of _____

Insured: SLR1673P

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: 20k.

IDAC Accident Rport: _____ Consistent?: Yes or No

CA / PR Seen: 2 Consistent?: Yes or No

Est. Repairs: _____ days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS 7577x

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SLX-361G Yr Regn: 17/4/09

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

Truck / Trailer or CA

Make: Honda Civic C.C. 1598

Colour: Red A/C: Insured / Std / NI / NA

Sp. Reading: 156828 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JHMF046209S200614

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: _____

R: 205/55-16

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

TOYO / YOKO or

Front 6 mm Rear 6 mm

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

L/Bal. 6 mm L/Bal. 6 mm

D.O.A. 8/6/18 D.O.I. 11/6/18

Survey held at _____

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

Rear

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

Date / Time Action / Instruction

10/11/18 LTA 13106 Rep 9500 net 684

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

1) : Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

Photos _____

Others _____

TOTAL _____

Add Fee: : Site Insp (\$ _____)

: Interview (\$ _____)

: Tech. Invs (\$ _____)

: Weekend (\$ _____)

Report Format : _____

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