

INS. CASE OWNER.

CC 4 / III180 11154, R1-fa3

LKK:

IDAC:

Surveyor:

RASUL

DOI:

ASSIGNMENT

20-6-18

Date / Time :

19-6-18

Registered in Merimen:

19-6-18

Pre-assign / CCU / FTE



Insured Vehicle No. : 5110 4523 R

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____

HP: _____

Make / Model : _____

Excess Sec II :SS

D.O.A : 6/6/18

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

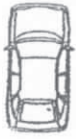
Driver Tel No. :

(V/L: YES / NO)

Insured Liability : %

Final ? Yes / No

PA 10 B



INSRS:

WSP:

Tel :

Liability :

RMKS:

JCN Antolukan



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

PA 10B - NS/INC 6014621/K19h3q2 : DOA: 21/8/16

5110 4523 R - CC4/III 180015731/T12h3q2 : DOA: 23/1/18

- 45/7P1 60044731/H13h3q4 : DOA: 26/2/16

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:

S\$

(

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:

S\$

Loss of Rental (LOR):

S\$

(

days)

Loss of Use (LOU):

S\$

(\$

x

days)

Loss of Income (LOI):

S\$

(\$

x

days)

LOR only ☐ LOU only ☐LOR + LOU ☐LOR + LOI ☐

[Tick only one]

GIA/LTA Search

S\$

Medical:

S\$

Disbursement:

S\$

(e.g. Tow/ Independent)

Legal Cost

S\$

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

Total:

S\$

Global Sum S\$:

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

S\$

Name 1:

Payee 2: (Strike if N.A.)

S\$

Name 2:

Payee 3: (Strike if N.A.)

S\$

Name 3:

Signature: *[Signature]*

REF: III

ASSIGNMENT

From: _____ Date: 20/06/18
Estimated Cost: _____
OD ☒ TP / WS / TP RES / OD RES / EVA / INV / MV
To Inspect Vehicle No: PA 10B
at Workshop m/s: Ace Autolution
of 13 Kaki Bukit Rd 4 # 03-29 Bartley
Insured: Biz Centre
Policy No. _____
Claims No. _____
Sum Insured: _____ Excess: _____
(Client's Record)
Make of Veh: _____

N/S	O/S

(Policy Condition)
Remark: The veh had commenced its repair at the time of inspection.
Bal. or Market Value: _____
IDAC Accident Rpt: _____ 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 'up'
Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: PA 10B Yr Regn: _____
Type: M.Car / M.Cycle / Bus / ☒ Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or _____
Make: TOYOTA HILUX C.C. _____
Colour: Green A/C: Insured / Std / NI / NA
Sp. Reading: 168305 T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: KDH 223000438
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: 195/15C R: 1 -
☒ BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or
Front: _____ mm Rear: _____ mm
R/Bal. 6 mm R/Bal. 6 mm
L/Bal. 6 mm L/Bal. 6 mm
D.O.A. 06/06/18 D.O.I. 20/06/18
Survey held at ACE Autolution
Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
6/8 Frt
The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

NO GIA

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: _____

) \$ + RS. \$

) Photos

) Others

TOTAL

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech. Invs (\$

☐ : Weekend (\$

Report Format :

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