

15/5/2010

INS. CASE OWNER:

CC 4/LPC1801

1609, Uub3

LKK:
IDAC:

Surveyor:

marcus

DOI:

ASSIGNMENT

27/6/18

Date / Time :

26/6/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

SMA 1A84U

Claim No. :

18/18/18/VP05/02096

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :SS

D.O.A :

Place of Accident :

20/6/18

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

SW 6657X



INSRS:
WSP:
Tel :
Liability :
RMKS:

Autolet.com



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
SW 6657X-4 SMA 1A84U-4	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)	<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"/>
PRELIMINARY ADVICE Date/Time:	Sent By:	
FINALIZATION Date/Time:	Confirm with:	
Repair Cost: \$S	(days) Reduction: %	Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT Date/Time:	Confirm with	
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	(S x days)	
Loss of Income (LOI): \$S	(S 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: \$S		
Medical: \$S		1) Claim status: Normal/Reject/Private Settle
Disbursement: \$S	(e.g. Tow/ Independent)	2) Report Format:
Legal Cost: \$S		3) Survey fee:
Total: \$S	Global Sum \$S:	
FINAL PAYMENT Date/Time:	Confirm with:	
Payee 1: \$S	Name 1:	
Payee 2: (Strike if N.A.) \$S	Name 2:	
Payee 3: (Strike if N.A.) \$S	Name 3:	

Barcode

REF: LFC

ASSIGNMENT

From: Date: 27/06/2018

Veh No: SLL 6653X Yr Regn: 3/17

Estimated Cost:

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

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

Truck / Trailer or CA /

To Inspect Vehicle No: SLL 6653X

Make: Nissan Desha; c.c 1197

at Workshop m/s Autodytion
of 19 ubi Road 4

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

Insured:

Sp. Reading: 24367 T/Radio: Insured / Std / NI / NA

Policy No.

Eng/No: C/No: SJNFEAJ1141772834

Claims No.

Gen. Cond: Good / Fair / Poor / Burnt

Sum Insured: Excess:

Steering: In order / Jammed / Leaked / Burnt or

(Client's Record) 2pm @ owner waiting

Brake: In order / Jammed / Leaked / Burnt or

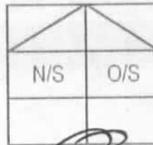
Make of Veh: Elmer

Modi: Nil / S/Rim / STD A/Rim or

(Policy Condition)

Tyre Size: F: 215/60R17

Remark: The veh had commenced its repair at the time of inspection.



R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

Bal. or Market Value:

Front

Rear

IDAC Accident Rport: Consistent? : Yes or No

R/Bal. L mm

R/Bal. L mm

GIW / PR Seen: Consistent? : Yes or No

L/Bal. L mm

L/Bal. L mm

Est. Repairs: days Res.: Yes or No

D.O.A. 20/6/18

D.O.I. 27/6/18

Lum Sum: % 3 Val.: Yes or No

Survey held at

CA / REV / REP. / 24 HRS up

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

Date: Person Contacted:

Vehicle: IN / OUT

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

Date / Time Action / Instruction LTA 53213

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

Days Of Repair:

1) : Final Report

Resurvey No. of Trip:

Survey Fee:

Date/Time, File Return to?

Transportation:

2)

Add Fee: : Site Insp (\$)

S + RS, SI

: Interview (\$)

Photos

: Tech. Invs (\$)

Others

: Weekend (\$)

Report Format :

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

TOTAL

Empty box for totals and fees.