

15/5/2010

INS. CASE OWNER:

CC 6 /AIG1801

LKK:

IDAC:

Surveyor:

marcus

DOI:

ASSIGNMENT

Date / Time :

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

Name of Insured :

Insured Tel No. :

Excess Sec II :SS

Is driver the owner?

(YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

Claim No. :

Policy No. :

Make / Model :

Place of Accident :

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability :

%

Final ? Yes / No

GBG538E



INSRS:

WSP:

Tel :

Liability :

RMKS:

lin's



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time	STAGE	DATE / PIC
GBG538E-X	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. :
Repair Cost:	\$S	If NO or B 28, Ass. Lia :
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 + LO ☐	[Tick only one]	
GIA/LTA Search	\$S	
Medical:	\$S	
Disbursement:	\$S	(e.g. Tow/ Independent)
Legal Cost	\$S	
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:

(GHIJ13) wel
ASS. REC. BY 140165

REF:

Accu/

ASSIGNMENT

From: _____ Date: _____
Estimated Cost: _____
OL / TP / WS / TP RES / OD RES / EVA / INV / MV
To Inspect Vehicle No: 036538
at Workshop no: 100's 30
of: _____
Insured: SKV 76998
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

Bel. or Market Value: _____
IDAC Accident Report: _____ Consistent?: Yes or No
PR Seen: _____ Consistent?: Yes or No
Est. Repairs: _____ days Res.: Yes or No
Lump Sum: _____ % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: 036538E Yr Reg: 5-17
Type: M/Car / M/Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or (M/
Make: Toyota Hiace 2982
Colour: white A/C: Insured / Std / Nil / No
Sp Reading: 51897 T/Radio: Insured / Std / Nil / No
Eng/No: _____
C/No: KDH 2010200599
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: 195/80 R15
R: _____
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or
Front: 6 mm Rear: 6 mm
R/Bal: 6 mm L/Bal: 6 mm
D.O.A: 22/6/18 D.O.I: 28/5/18
Survey held at: _____
Des. of Damages: Fnt / Rear / O/S / N/S / U/C / Rooftop or
O/S Rd.
The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Survey Fee

Transportation

\$ - R\$ - \$

Photos

Others

TOTAL

Report Format: _____

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