

INS. CASE OWNER:

CC 6 /AIG1801 2782, U 463

LKK:
IDAC:

Surveyor:

marcus

DOI:

ASSIGNMENT

17/3/18

Date / Time:

17/3/18

Registered in Merimen:

17/3/18

Pre-assign / CCU / FTE

STB 7711L



Insured Vehicle No. :

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :SS

D.O.A :

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

SJWIAAIT



INSRS:
WSP:
Tel :
Liability:
RMKS:

mpel
Songs



INSRS:
WSP:
Tel :
Liability:
RMKS:



INSRS:
WSP:
Tel :
Liability:
RMKS:



INSRS:
WSP:
Tel :
Liability:
RMKS:

Date/ Time	STAGE	DATE / PIC
SJWIAAIT - 4	Non-Reporting ltr (1st):	
STB 7711L - 4	Non-Reporting ltr (2nd):	
	Non-Reporting ltr (Final):	
	Notification ltr (if non-pickup):	
	Call OI:	
	After call ltr to OE:	
	Documentation Check List: Handler Typist	
	Notification ltr (if non-pickup)	<input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/>
	Towing Invoice:	<input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/>
	PIR:	<input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/>
	LOD:	<input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/>
	Others:	<input type="checkbox"/>
PRELIMINARY ADVICE Date/Time: Sent By:		
FINALIZATION Date/Time: Confirm with: Confirm by:		
Repair Cost:	\$\$	(days) Reduction: % Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT Date/Time: Confirm with: Email <input type="checkbox"/> Call <input type="checkbox"/>		
Final Liability:	%	(Agreed / Assessed) BOLA S/N No. :
Repair Cost:	\$\$	If NO or B 28. Ass. Lia :
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:	\$\$	
Disbursement:	\$\$	(e.g. Tow/ Independent)
Legal Cost	\$\$	
Total:	\$\$	Global Sum \$\$:
FINAL PAYMENT Date/Time: Confirm with: Email <input type="checkbox"/> Call <input type="checkbox"/>		
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: MORIS

REF:

A16/

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: SW19917

at Workshop m/s neely

of _____

Insured: SKB 77316

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: 62k

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / 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 10580

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

Veh No: SW19917 Yr Regn: 1/12

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

Truck / Trailer or CA

Make: Toyota Provia c.c. 2362

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

Sp. Reading: 53643 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTEGD52m90A02 8580

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: 225/55R16

R: _____

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

TOYO / YOKO or

Front 6 Rear 6

R/Bal. _____ mm R/Bal. _____ mm

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

D.O.A. 12/7/18 D.O.I. 13/7/18

Survey held at _____

Des. of Damages: Fr / 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
	<u>LIA 4482</u>

Date/Time, File Pass to? : Prel. Report
 : Final Report

Date/Time, File Return to?

1) _____

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: (\$ _____)