

15/5/2010

INS. CASE OWNER:

CC 4 /ICS1801 *mmv, Aebh*

LKK:

IDAC:

Surveyor:

Adrian

DOI:

ASSIGNMENT

10/3/18

Date / Time :

10/3/18

Registered in Merimen:

10/3/18

Pre-assign / CCU / FTE

SJT 975R

Insured Vehicle No. :

Claim No. :

0mpc18002921

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :\$S

D.O.A :

14/3/18

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

SGG 7767E

INSRS:

WSP:

Tel :

Liability :

RMKS:

lang

INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

| Date/ Time | STAGE | DATE / PIC |
|--|--|--|
| <i>SGG 7767E - x</i> | <i>SJT 975R</i> | |
| | 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"/> |
| | 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: \$S | (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. : | 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 <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 | | |
| Disbursement: \$S | (e.g. Tow/ Independent) | 1) Claim status: Normal/Reject/Private Settle |
| Legal Cost \$S | | 2) Report Format: |
| | | 3) Survey fee: |
| Total: \$S | Global Sum \$S: | |
| FINAL PAYMENT Date/Time: | Confirm with: | Email <input type="checkbox"/> Call <input type="checkbox"/> |
| Payee 1: \$S | Name 1: | |
| Payee 2: (Strike if N.A.) \$S | Name 2: | |
| Payee 3: (Strike if N.A.) \$S | Name 3: | |

ASS. REC. BY: Adrian King

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

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: _____

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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SGG7767E Yr Regn: 2015 / March.

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

Truck / Trailer or

Make: Nissan Teana. C.C. 1997.

Colour: Purple. A/C: Insured / Std / NI / NA

Sp. Reading: 54228. T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: MNTBBAL33Z0003622.

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Insured / Jammed / Leaked / Burnt or

Brake: Insured / Jammed / Leaked / Burnt or

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

Tyre Size: F: 215/55R17.

R: 215/55R17.

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

TOYO / YOKO or

Front

Rear

R/Bal. 06 mm R/Bal. 06 mm

L/Bal. 06 mm L/Bal. 06 mm

D.O.A. _____ D.O.I. 20/07/18.

Survey held at Leang

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

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

| Date / Time | Action / Instruction |
|-------------|----------------------|
| | TP ECICS. |
| | |
| | |
| | MV: 75K |
| | PV: 64K |
| | Nett: 11K. |
| | |
| | |

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:

S + RS, SI

Photos

Others

TOTAL

Add Fee: ☐ : Site Insp (\$)

☐ : Interview (\$)

☐ : Tech. Invs (\$)

☐ : Weekend (\$)

Report Format :

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