

15/5/2010

INS. CASE OWNER:

CC 3 / III 1801 7595, Feb 18

LKK:

IDAC:

Surveyor:

Fenneth.

DOI:

ASSIGNMENT

25/7/18

Date / Time:

25/7/18

Registered in Merimen:

26/7/18

Pre-assign / CCU / FTE



Insured Vehicle No.:

SHA 76410.

Claim No.:

Name of Insured:

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II :\$S

D.O.A:

18/7/18

Place of Accident:

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

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

Insured Liability:

%

Final ? Yes / No

SHC 5575P



INSRS:

WSP:

Tel:

Liability:

RMKS:

Trans
chb.

INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/Time	STAGE	DATE / PIC
SHC 5575P - 7	Non-Reporting ltr (1st):	
SHA 76410 - 116 (11800607) / Subb wv. 1/4/18	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	(S x days)	
Loss of Income (LOI): \$S	(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)	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 ☐ Call ☐
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:

REF: TV /Kenneth

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.

Bal. or Market Value: _____

IDAC Accident Rpt: _____

Consistent? : Yes or No

GIA / PR Seen: _____

Consistent? : Yes or No

Est. Repairs: 1120 days

Res.: Yes or No

Lum Sum: 20 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____

Person Contacted: _____

Vehicle: IN / OUT

Date / Time

Action / Instruction

26/7 File pass to CatherineVeh No: S/HC 5575PYr Regn: 09, 14

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

Truck / Traller or _____

Make: Renault Latitudec.c. 1995Colour: M. White / Red

A/C: Insured / Std / NI / NA

Sp. Reading 534883

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: VIFIABL 15AUC. 279337

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: Nil / S/Rim / STD A/Rim orTyre Size: F: 215/60R16

R: _____

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

TOYO / YOKO or Giti

Front

Rear

R/Bal. 9 mmR/Bal. 9 mmL/Bal. 9 mmL/Bal. 9 mmD.O.A. 18/7/18D.O.I. 25/7/18

Survey held at _____

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

The UIC / Chassis frame / Body Structure affected due to collision.

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

Add Fee: ☐

: Site Insp (\$ _____)

☐ : Interview (\$ _____)☐ Tech Invs (\$ _____)☐ Weekend (\$ _____)

) \$ + RS. \$ _____

) Fixos

) Others

TOTAL

Report Format :

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