

15/5/2010

INS. CASE OWNER:

CC

/AIG1801

LKK:

IDAC:

Surveyor:

Fenneth.

DOI:

ASSIGNMENT

Date / Time :

25/8/18

Registered in Merimen:

26/8/18

Pre-assign / CCU / FTE



Insured Vehicle No. :

SLR 4189B

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :\$S

D.O.A :

2/7/18

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

SLR 4189B



INSRS:

WSP:

Tel :

Liability :

RMKS:

Trans
anh.

INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time	STAGE	DATE / PIC
SLR 4189B - 4	Non-Reporting ltr (1st):	
SLR 4189B - 4	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	(\$ 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)	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: AG/Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Tans Cab

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: 02 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SHF 713A Yr Regn: 12, 14Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /Truck / Traller or AMake: Pengault Latitude c.c. 1985Colour: M. White IR A/C: Insured / Std / NI / NASp. Reading 324065 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: VI-1 ABL 15AUC 281215Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rlm / STD A/Rlm orTyre Size: F: 215/60R16

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or GitiFront 8 mmR/Bal. 8 mmL/Bal. 8 mmD.O.A. 2.17/18 mmRear 8 mmL/Bal. 8 mmD.O.I. 25/7/18

Survey held at _____

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

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

Date / Time Action / Instruction

26/7 File pass to Catherine
11pm 8160d

Data/Time, File Pass to?

☐ : Prel. Report☐ : Final Report

1)

Data/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$☐ : Interview (\$☐ : Tech Invs (\$☐ : Weekend (\$

Survey Fee:

Transportation:

S + RS. SI

Fixtars

Others

TOTAL

Report Format :

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