

15/5/2010

INS. CASE OWNER:

CC 6/AIG1801

n610, T1u6b

LKK:

IDAC:

Surveyor:

Taufik.

DOI:

ASSIGNMENT

W/17/18

Date / Time:

W/17/18

Registered in Merimen:

W/17/18

Pre-assign / CCU / FTE



Insured Vehicle No. :

sfw 7425K

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :\$

D.O.A :

12/7/18

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

sup 7875K



INSRS:

WSP:

Tel :

Liability :

RMKS:

penhus



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time	STAGE	DATE / PIC
sup 7875K - x	Non-Reporting ltr (1st):	
sfw 7425K - x	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:	
Repair Cost: \$	(days) Reduction: %	Confirm by: Email ☐ Call ☐
FINAL SETTLEMENT Date/Time:	Confirm with:	
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 ☐ LOU only ☐ LOR + LOU ☐ LOR + LO ☐	[Tick only one]	
GIA/LTA Search	\$	
Medical:	\$	
Disbursement:	(e.g. Tow/ Independent)	
Legal Cost	\$	
Total: \$	Global Sum \$:	
FINAL PAYMENT Date/Time:	Confirm with:	
Payee 1: \$	Email ☐ Call ☐	
Payee 2: (Strike if N.A.) \$	Name 1:	
Payee 3: (Strike if N.A.) \$	Name 2:	
	Name 3:	

(08/11/13) wef

ASS. REC. BY: TaufikREF: AK**ASSIGNMENT**

From: _____

Date: 24/7/18

Estimated Cost: _____

OT / TP / WS / TP RES / OD RES / EVA / INV / MVTo Inspect Vehicle No: SLP 7835Kat Workshop m/s Regulusof 74 Ken tek Rd

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____

Excess: _____

(Client's Record) After 11 am

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 wp

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SLP 7835KYr Regn: 2017 / Jan.Type: M Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Toyota Vibesc.c 1496Colour Silver

A/C: Insured / Std / NI / NA

Sp. Reading 92028

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: MHF B29 F3502011948Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 205/60R16R: 205/60R16

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

TOYO / YOKO or

Front

Rear

R/Bal. 6

mm

R/Bal. 6

mm

L/Bal. 6

mm

L/Bal. 6

mm

D.O.A. _____

D.O.I. 24/7/18 @ 1240Survey held at RegulusDes. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

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: _____

Survey Fee: _____

Transportation: _____

Add Fee: ☐

: Site Insp (\$ _____)

) S + RS, SI

☐

: Interview (\$ _____)

) Photos

☐

: Tech. Invs (\$ _____)

) Others

☐

: Weekend (\$ _____)

) TOTAL

Report Format : _____

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

TOTAL