

15/5/2010

INS. CASE OWNER:

CC 2 UP
AIG 1801 4777, Kjbh

LKK:

IDAC:

Surveyor:

Fenneth

DOI:

ASSIGNMENT

12/8/18

Date / Time :

12/8/18

Registered in Merimen:

4/8/18

Pre-assign / CCU / FTE



Insured Vehicle No. :

SLG 5825A

Claim No. :

Name of Insured :

UP

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :\$

D.O.A :

6/8/18

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

410 WSK



INSRS:

WSP:

Tel :

Liability :

RMKS:

Trans
cab

INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time	STAGE	DATE / PIC	
410 WSK	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)	☐	☐
	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:	☐	☐	
PRELIMINARY ADVICE Date/Time:	Sent By:	Post-Repair Photos: ☐	
Others:		☐	
FINALIZATION Date/Time:	Confirm with:	Confirm by:	
Repair Cost: \$	(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: \$			
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)	1) Claim status: Normal/Reject/Private Settle	
Legal Cost \$		2) Report Format:	
		3) Survey fee:	
Total: \$	Global Sum \$:		
FINAL PAYMENT Date/Time:	Confirm with:	Email ☐ Call ☐	
Payee 1: \$	Name 1:		
Payee 2: (Strike if N.A.) \$	Name 2:		
Payee 3: (Strike if N.A.) \$	Name 3:		

ASS. REC. BY:

REF: A/G/Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Trans Cab

of _____

Insured: _____

Policy No. _____

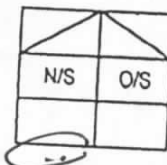
Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.

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: 1.31 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Date / Time

Action / Instruction

14/8File pass to Catherine
@ 2990.94Veh No: 31HD 205K Yr Regn: 10, 15

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

Truck / Traller or

Make: Renault Latitude c.c. 1995Colour: M. White / Blue A/C: Insured / Std / NI / NASp. Reading 449700 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: VFI ABL 15AUC 282381Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orMod: NI / 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

R/Bal. 9 mmL/Bal. 9 mmD.O.A. 6/8/18

Survey held at

Rear

R/Bal. 9 mmL/Bal. 9 mmD.O.I. 13/8/18

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

Rear N/S

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

Date/Time, File Pass to?

☐

: Prell. Report

1)

Date/Time, File Return to?

☐

: Final Report

2)

Days Of Repair: _____

Resurvey No. of Trlp: _____

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Survey Fee:

Transportation:

\$ + RS. \$

FOTOS

Others

TOTAL

Report Format :

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