

15/5/2010

INS. CASE OWNER:

CC⁶ /QBE1801

4888; Club

LKK:
IDAC:

Surveyor:

marcus

DOI:

ASSIGNMENT

Date / Time :

14/8/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

GBE 97696

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

8/8/18

Make / Model :

Excess Sec II :\$

D.O.A :

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

GBD 5051A

INSRS:
WSP:
Tel:
Liability:
RMKS:

6th Nov

INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:

Date/ Time		STAGE	DATE/ PIC
	GBD 5051A - Y		
	GBE 97696 - Y		
		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:	☐
		Post-Repair Photos:	☐
		Others:	☐
PRELIMINARY ADVICE Date/Time:		Sent By:	
FINALIZATION Date/Time:		Confirm with:	
Repair Cost: \$		Confirm by:	
(days) Reduction:		Email ☐ Call ☐	
FINAL SETTLEMENT Date/Time:		Confirm with:	
Final Liability: %		Email ☐ Call ☐	
(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)	
Legal Cost \$			
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:	

(08/11/13) wef

ASS. REC. BY: Marcus

REF:

Q3E

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To inspect Vehicle No: G3D5051Aat Workshop m/s Stroz

of _____

Insured: GBC 97696

Policy No. _____

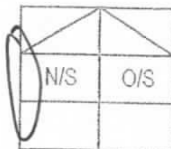
Claims No. _____

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: 44

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: 2 Consistent? : Yes or No

Est. Repairs: _____ days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

45314

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: G3D5051A Yr Regn: 11 14

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

Truck / Trailer or CarMake: NISSAN NV350 c.c. 2498Colour: Black A/C: Insured / Std / NI / NA

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

Eng/No: _____

C/No: JN1MC2E 267 000 3039

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195-215

R: _____

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

TOYO / YOKO or

OHTSU

Front

R/Bal. 6 mm

Rear

R/Bal. 6 mmL/Bal. 6 mmL/Bal. 6 mmD.O.A. 8/8/18D.O.I. 14/8/18

Survey held at _____

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

N/S Rear

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

Date / Time Action / Instruction

174 35747 by 18 3rd Dep 7k.

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:

☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

\$ + RS \$

Photos

Others

TOTAL

Report Format : _____

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