

Surveyor:

Imp

DOI:

ASSIGNMENT

15/8/18

Date / Time:

15/8/18

Registered in Merimen:

16/8/18

Pre-assign / CCU / FTE

SR 4612 X



Insured Vehicle No. : _____

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$\$ _____ D.O.A. : *14/8/18*

Place of Accident : _____

Is driver the owner? (YES / NO) Nature of Accident : _____

If NO, Driver Name / Age : _____

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

Driver Tel No. : _____

(V/L: YES / NO)

Insured Liability : % Final ? Yes / No

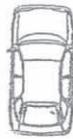
SKS 3834K



INSRS: _____
WSP: *Car*
Tel : _____
Liability : _____
RMKS: _____



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



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



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

Date/ Time	STAGE	DATE / PIC
	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)	<input type="checkbox"/> <input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/> <input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/> <input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/> <input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/> <input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
	PIR:	<input type="checkbox"/> <input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
	LOD	<input type="checkbox"/> <input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
	Others:	<input type="checkbox"/> <input type="checkbox"/>

PRELIMINARY ADVICE Date/Time: _____ Sent By: _____

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 + LOI [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: _____

ASS. REC. BY: Adrian King

REF:

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.**

N/S	O/S

Bal. or Market Value: _____
 IDAC Accident Rport: _____ 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
 Date: _____ Person Contacted: _____ Vehicle: **IN / OUT**

Veh No: SKS 3834K Yr Regn: 2015 / April
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Toyota Uios c.c 1497
 Colour: Silver A/C: **Insured / Std / NI / NA**
 Sp.Reading: 71474 T/Radio: **Insured / Std / NI / NA**
 Eng/No: _____
 C/No: MHF8T9F3X06029111
 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: 185/60R15
 R: 185/60R15
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or _____
 Front _____ Rear _____
 R/Bal. 06 mm R/Bal. 06 mm
 L/Bal. 06 mm L/Bal. 06 mm
 D.O.A. _____ D.O.I. 15/08/18
 Survey held at Kang
 Des. 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
	TP AIG.

Date/Time, File Pass to? : **Preli. Report**
 : **Final Report**
 1) _____
 Date/Time, File Return to? _____
 2) _____

Days Of Repair: _____
Resurvey No. of Trip: _____

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

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

Survey Fee: _____
 Transportation: _____
 S + RS. _____ \$
 Photos _____
 Others _____
 TOTAL _____