

(Region)

INS. CASE OWNER:

CC 3 ASM  
AXA1801

5413, 1067

LKK:

IDAC:

Surveyor:

tsc

DOI:

ASSIGNMENT

27/8/18

Date / Time:

27/8/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

SJY 449R

Name of Insured:

Claim No.:

Insured Tel No.:

Policy No.:

Excess Sec II : \$

HP:

Make / Model:

Is driver the owner?

( YES / NO )

D.O.A.:

27/8/18

Place of Accident:

Nature of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

OI GLA REPORT: YES / NO : TP GLA REPORT: YES / NO

Insured Liability:

%

Final ? Yes / No



INSRS:

WSP:

Tel:

Liability:

RMKS:

trans  
cnh

INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date: Time

SJY 449R - 13/8/18 to 14/8/18  
SJY 449R - 4

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):

After call ltr to OI:

Authorisation To Act:

Release Voucher:

Final Repair Bill:

Car Rental Invoice:

Towing Invoice:

LTA / GLA:

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:

FINAL SETTLEMENT

Date/Time:

Confirm with

Email

Call

Final Liability:

%

(Agreed / Assessed) BOLA S/N No.:

Email

Call

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]

GLA/LTA Search

\$

Medical:

\$

Disbursement:

\$

Legal Cost

\$

(e.g. Tow/ Independent)

1) Claim status: Normal/Reject/Private Settle

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:

AUA/

Kenneth

## 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:

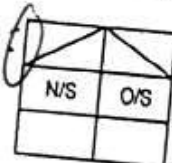
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Bal. or Market Value:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

03

days

Res.: Yes or No

Lum Sum:

20

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

24/8

File pass to Catherine

Veh No:

SHC 51454

Yr Regn:

01, 14

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

Truck / Trailer or

Make:

Renault Longitude c.c.

1995

Colour:

M. White / PW

A/C: Insured / Std / NI / NA

Sp. Reading

369169

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

VF/ABL 15AUC 278147

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: M / S/Rlm / STD A/Rlm or

Tyre Size:

F: Giti

215/60R16

R: Falken

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

Front

R/Bal.

S

mm

Rear

R/Bal.

7

mm

L/Bal.

S

mm

L/Bal.

7

mm

D.O.A.

20/8/18

D.O.I.

23/8/18

Survey held at

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, File Pass to?

☐

: Prel. Report

1)

Date/Time, File Return to?

☐

: Final Report

Days Of Repair:

Resurvey No. of Trlp:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Survey Fee:

Transportation:

S - RS - SI

Fixturs

Others

TOTAL

Report Format:

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