

15/5/2010

INS. CASE OWNER:

CC6 / CTI1801 5971, AUBH

LKK:  
IDAC:

Surveyor:

Adrian

DOI:

ASSIGNMENT

20/8/18

Date / Time:

20/8/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SJM 6311B

Claim No. : \_\_\_\_\_

Name of Insured : \_\_\_\_\_

Policy No. : \_\_\_\_\_

Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_

Make / Model : \_\_\_\_\_

Excess Sec II : \$\$ D.O.A : 26/8/18

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

SJM 9105U

INSRS: M6  
WSP: Solution  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

| Date/ Time                                                                                                                               | STAGE                                           | DATE / PIC                                                   |
|------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------------------------------------------------|
| SJM 9105U - 2                                                                                                                            | Non-Reporting ltr (1st):                        |                                                              |
|                                                                                                                                          | Non-Reporting ltr (2nd):                        |                                                              |
|                                                                                                                                          | Non-Reporting ltr (Final):                      |                                                              |
|                                                                                                                                          | Notification ltr (if non-pickup):               |                                                              |
|                                                                                                                                          | Call OI:                                        |                                                              |
|                                                                                                                                          | After call ltr to OI:                           |                                                              |
|                                                                                                                                          | <b>Documentation Check List: Handler Typist</b> |                                                              |
|                                                                                                                                          | Notification ltr (if non-pickup)                | <input type="checkbox"/>                                     |
|                                                                                                                                          | After call ltr to OI:                           | <input type="checkbox"/>                                     |
|                                                                                                                                          | Authorisation To Act:                           | <input type="checkbox"/>                                     |
|                                                                                                                                          | Release Voucher:                                | <input type="checkbox"/>                                     |
|                                                                                                                                          | Final Repair Bill:                              | <input type="checkbox"/>                                     |
|                                                                                                                                          | Car Rental Invoice:                             | <input type="checkbox"/>                                     |
|                                                                                                                                          | Towing Invoice                                  | <input type="checkbox"/>                                     |
|                                                                                                                                          | LTA / GIA :                                     | <input type="checkbox"/>                                     |
| Medical Bill:                                                                                                                            | <input type="checkbox"/>                        |                                                              |
| PIR:                                                                                                                                     | <input type="checkbox"/>                        |                                                              |
| Mandate/Reject Instruction:                                                                                                              | <input type="checkbox"/>                        |                                                              |
| LOD                                                                                                                                      | <input type="checkbox"/>                        |                                                              |
| Payment Breakdown Form:                                                                                                                  | <input type="checkbox"/>                        |                                                              |
| Post-Repair Photos:                                                                                                                      | <input type="checkbox"/>                        |                                                              |
| Others:                                                                                                                                  | <input type="checkbox"/>                        |                                                              |
| <b>PRELIMINARY ADVICE</b> Date/Time: _____ Sent By: _____                                                                                |                                                 |                                                              |
| <b>FINALIZATION</b> Date/Time: _____ Confirm with: _____ Confirm by: _____                                                               |                                                 |                                                              |
| Repair Cost: \$S                                                                                                                         | ( days) Reduction: %                            | Email <input type="checkbox"/> Call <input type="checkbox"/> |
| <b>FINAL SETTLEMENT</b> Date/Time: _____ Confirm with: _____ Email <input type="checkbox"/> Call <input type="checkbox"/>                |                                                 |                                                              |
| Final Liability: %                                                                                                                       | (Agreed / Assessed) BOLA S/N No. :              | If NO or B 28, Ass. Lia :                                    |
| Repair Cost: \$S                                                                                                                         |                                                 |                                                              |
| Loss of Rental (LOR): \$S                                                                                                                | ( days)                                         |                                                              |
| Loss of Use (LOU): \$S                                                                                                                   | ( \$ x days)                                    |                                                              |
| Loss of Income (LOI): \$S                                                                                                                | ( \$ x days)                                    |                                                              |
| LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LO <input type="checkbox"/> | [Tick only one]                                 |                                                              |
| GIA/LTA Search                                                                                                                           | \$S                                             |                                                              |
| Medical:                                                                                                                                 | \$S                                             |                                                              |
| Disbursement:                                                                                                                            | \$S (e.g. Tow/ Independent )                    |                                                              |
| Legal Cost                                                                                                                               | \$S                                             |                                                              |
| Total: \$S                                                                                                                               | Global Sum \$S:                                 |                                                              |
| <b>FINAL PAYMENT</b> Date/Time: _____ Confirm with: _____ Email <input type="checkbox"/> Call <input type="checkbox"/>                   |                                                 |                                                              |
| Payee 1:                                                                                                                                 | \$S                                             | Name 1:                                                      |
| Payee 2: (Strike if N.A.)                                                                                                                | \$S                                             | Name 2:                                                      |
| Payee 3: (Strike if N.A.)                                                                                                                | \$S                                             | 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 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**

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Veh No: SLU91054 Yr Regn: 2017 / Dec.Type: M.Car M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Nissan Qashqai C.C. 1197Colour: Black A/C: Insured / Std / NI / NASp.Reading: 10058 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: SJNFEAJ11U2011406Gen. Cond: Good Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / STD A/Rim orTyre Size: F: 215/60R17R: 215/60R17

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

TOYO / YOKO or Contenderful

Front

Rear

R/Bal. 06 mm R/Bal. 06 mmL/Bal. 06 mm L/Bal. 06 mmD.O.A. \_\_\_\_\_ D.O.I. 30/08/18Survey held at MG SolutionDes. 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 |
|-------------|----------------------|
|             | <u>TP China</u>      |
|             |                      |
|             |                      |
|             |                      |
|             |                      |
|             |                      |
|             |                      |
|             |                      |
|             |                      |
|             |                      |

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:

S + RS. \$

Photos

Others

TOTAL

Report Format :

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

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