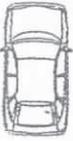


Surveyor: AST DOI: ASSIGNMENT 3/9/2018 Date / Time: 2/9/2018
Registered in Merimen: -

Pre-assign / CCU / FTE



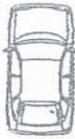
Insured Vehicle No. : SGQ 2010K Claim No. : _____
Name of Insured : _____ Policy No. : _____
Insured Tel No. : _____ HP: _____ Make / Model : _____
Excess Sec II : \$\$ D.O.A : 3/18/2018 Place of Accident : _____
Is driver the owner? (YES / NO) Nature of Accident : _____

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

She 8996m



INSRS:
WSP: Atmm
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) 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: _____

ASSIGNMENT

JOB 2022 April
April, 2014

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To inspect Vehicle No: _____
 at Workshop n/s: _____
 of: _____
 Insured: _____
 Policy No: _____
 Claims No: _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

Veh No: **SHC 8996 M** Yr Regn: **April, 2014**
 Type: M.Cat / M.Cycle / Bus / Van / Lorry / T/Tr / Prime Mover /
 Truck / Trailer or _____
 Make: **Hyundai I40** cc: **1685**
 Colour: **Blue** A/C: Insured / Std / Nil / NA
 Sp. Reading: **50 545033** T/Radio: Insured / Std / Nil / NA
 Eng/No: **D4FDDU391688**
 Ch/No: **KMHLB41UMEU056334**
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Mod: Nil / S/Rim / STD A/Rim or

(Policy Condition)
 Remark: The veh had commenced its
 repair at the time of inspection.

N/S	O/S
	<input checked="" type="radio"/>

Bal. or Market Value: _____
 IDAC Accident Report: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: **6** days Res.: Yes or No
 Lum Sum: **20** % 3 Val: Yes or No

Tyre Size: F: **205/60 R16**
 R: **— 11 —**
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or **Westlake**
 Front _____ Rear _____
 R/Bal. **5** mm R/Bal. **5** mm
 L/Bal. **5** mm L/Bal. **5** mm
 D.O.A. **30/08/2018** D.O.I. **03/09/2018**
 Survey held at **Chunni AMC**

CA / REV / REP. / 24 HRS _____
 Date: _____ Person Contacted: _____
 Vehicle: IN / OUT _____

Des. of Damages: Fit / Rear / O/S / N/S / U/C / Rooftop or _____
Chunni 0/8 Rev
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	Lungac SGQ 2010 K

Date/Time, File Pass to? : Prel. Report
 : Final Report

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

Survey Fee:	
Transportation:	
5 + RS, SI	
Photos	
Other:	

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

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