

15/5/2010

INS. CASE OWNER:

CCP / III1801 7401, U job

LKK:  
IDAC:

Surveyor: marchis

DOI: ASSIGNMENT  
26/2/18

Date / Time : 24/2/18  
Registered in Merimen: 25/2/18

Pre-assign / CCU / FTE



Insured Vehicle No. : SM 7404E  
Name of Insured : \_\_\_\_\_  
Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_  
Excess Sec II :SS \_\_\_\_\_ D.O.A : 26/2/18  
Is driver the owner? ( YES / NO ) Nature of Accident : \_\_\_\_\_

Claim No. : \_\_\_\_\_  
Policy No. : \_\_\_\_\_  
Make / Model : \_\_\_\_\_  
Place 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

GBB 7783T



INSRS:  
WSP: specialists  
Tel : \_\_\_\_\_  
Liability : \_\_\_\_\_  
RMKS: \_\_\_\_\_



INSRS:  
WSP: \_\_\_\_\_  
Tel : \_\_\_\_\_  
Liability : \_\_\_\_\_  
RMKS: \_\_\_\_\_



INSRS:  
WSP: \_\_\_\_\_  
Tel : \_\_\_\_\_  
Liability : \_\_\_\_\_  
RMKS: \_\_\_\_\_



INSRS:  
WSP: \_\_\_\_\_  
Tel : \_\_\_\_\_  
Liability : \_\_\_\_\_  
RMKS: \_\_\_\_\_

Date/ Time		STAGE	DATE / PIC
	<u>GBB 7783T - x</u>		
	<u>SM 7404E - x</u>		
		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:</b>	<b>Handler</b> <b>Typist</b>
		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"/>
<b>PRELIMINARY ADVICE</b>	Date/Time: _____ Sent By: _____		
<b>FINALIZATION</b>	Date/Time: _____ Confirm with: _____	Confirm by: _____	
Repair Cost:	SS _____ ( _____ 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:	SS _____		
Loss of Rental (LOR):	SS _____ ( _____ days)		
Loss of Use (LOU):	SS _____ (\$ x _____ days)		
Loss of Income (LOI):	SS _____ (\$ 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	SS _____		
Medical:	SS _____	1) Claim status: Normal/Reject/Private Settle	
Disbursement:	SS _____ (e.g. Tow/ Independent )	2) Report Format: _____	
Legal Cost	SS _____	3) Survey fee: _____	
<b>Total:</b>	SS _____ <b>Global Sum \$:</b> _____		
<b>FINAL PAYMENT</b>	Date/Time: _____ Confirm with: _____	Email <input type="checkbox"/> Call <input type="checkbox"/>	
Payee 1:	SS _____ Name 1: _____		
Payee 2: (Strike if N.A.)	SS _____ Name 2: _____		
Payee 3: (Strike if N.A.)	SS _____ Name 3: _____		

**ASSIGNMENT**

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

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

To Inspect Vehicle No: GBB77837

at Workshop m/s specialist

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 3192M

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT

Veh No: GBB77837 Yr Regn: 3 110

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

Truck / Trailer or MI

Make: Nissan cabstar c.c. 2953

Colour: Gold A/C: Insured / Std / NI / NA

Sp. Reading: 60083 T/Radio: Insured / Std / NI / NA

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

C/No: JNISC2F2420801374

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: 195R15 85

R: 160R13

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

TOYO / YOKO or \_\_\_\_\_

Front \_\_\_\_\_ Rear \_\_\_\_\_

R/Bal. 6 mm R/Bal. 6/6 mm

L/Bal. 6/6 mm L/Bal. 6/6 mm

D.O.A. 24/8/18 D.O.I. 26/9/18

Survey held at \_\_\_\_\_

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

O/S R.

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

Date / Time Action / Instruction

LTA 2723

Date/Time, File Pass to?  : Preli. Report

1)  : Final Report

Date/Time, File Return to?

2) \_\_\_\_\_

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

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

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

Survey Fee:	
Transportation:	
S + RS, SI	
Photos	
Others	
TOTAL	