

15/5/2010

INS. CASE OWNER:

Lynhiz

CC 4/AXA1801

9877, 12/1/13

LKK:
IDAC:

Surveyor:

Lynhiz

DOI:

ASSIGNMENT

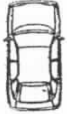
8/10/15

Date / Time :

11/01/15

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

SJB 2000H

Name of Insured :

VINCAR LEASING AND RENTAL PLC

Insured Tel No. :

HP:

Excess Sec II : \$5

D.O.A :

no/1/15

Is driver the owner? (YES / NO)

Nature of Accident :

Claim No. :

8800012 / 7692

Policy No. :

Make / Model :

Place of Accident :

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

Insured Liability :

%

Final ? Yes / No

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

SJB 8089L

INSRS:
WSP:
Tel :
Liability :
RMKS:

Premier

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

Date/Time	STAGE	DATE / PIC
SJB 8089L - 4	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:	
	Notification ltr (if non-pickup)	
	After call ltr to OI:	
	Authorisation To Act:	
	Release Voucher:	
	Final Repair Bill:	
	Car Rental Invoice:	
	Towing Invoice:	
	LTA / GIA :	
	Medical Bill:	
	PIR:	
	Mandate/Reject Instruction:	
	LOD	
	Payment Breakdown Form:	
	Post-Repair Photos:	
	Others:	

PRELIMINARY ADVICE	Date/Time:	Sent By:	Confirm with:	Confirm by:
FINALIZATION	Date/Time:		Confirm with:	Confirm by:
Repair Cost:	\$5	(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:	\$5			
Loss of Rental (LOR):	\$5	(days)		
Loss of Use (LOU):	\$5	(\$ x days)		
Loss of Income (LOI):	\$5	(\$ x days)		
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LO ☐				[Tick only one]
GIA/LTA Search	\$5			1) Claim status: Normal/Reject/Private Settle
Medical:	\$5			2) Report Format:
Disbursement:	\$5	(e.g. Tow/ Independent)		3) Survey fee:
Legal Cost	\$5			
Total:	\$5	Global Sum \$5:		Email ☐ Call ☐
FINAL PAYMENT	Date/Time:		Confirm with:	Email ☐ Call ☐
Payee 1:	\$5	Name 1:		
Payee 2: (Strike if N.A.)	\$5	Name 2:		
Payee 3: (Strike if N.A.)	\$5	Name 3:		

Surveyor

Tanfer

REF:

WxVA

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

Wgym

Veh No: SHB 8089L Yr Regn: 246 / ool
Type: M.Car / M.Cycle / Bus / Van / Lorry ☒ Taxi / Prime Mover /

Truck / Trailer or

Make: Hyundai 130 C.C. 1582
Colour: Blue A/C: Insured / Std / NI / NA
Sp.Reading: 255408 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: TMAD2814UH J124410

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim 95/65R15

Tyre Size: F: _____

R: _____

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

Front

R/Bal. 6 mm

L/Bal. 6 mm

D.O.A. _____

Rear

R/Bal. 6 mm

L/Bal. 6 mm

D.O.I. 8/12/18ellus

Survey held at Wondo

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

Rear o/s

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

Date / Time Action / Instruction

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 (\$ _____)

Survey Fee: _____

Transportation: _____

_____ S + RS. _____ SI

) Photos

) Others

TOTAL

Report Format :

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