

INS. CASE OWNER:

CC 3 / 111 180

18399, Khas

LKK:

IDAC:

Surveyor:

KSC

DOI:

ASSIGNMENT

9/10/18

Date / Time:

9/10/18

Registered in Merimen:

11/10/18

Pre-assign / CCU / FTE

Insured Vehicle No.:

SHD 6593A

Claim No.:

Name of Insured:

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II :SS

D.O.A.:

9/10/18

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

SHD 9620K

INSRS:

WSP:

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)

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:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

S\$

(

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:

S\$

Loss of Rental (LOR):

S\$

(

days)

Loss of Use (LOU):

S\$

(\$

x

days)

Loss of Income (LOI):

S\$

(\$

x

days)

LOR only ☐ LOU only ☐LOR + LOU ☐LOR + LOI ☐

[Tick only one]

GIA/LTA Search

S\$

Medical:

S\$

Disbursement:

S\$

Legal Cost

S\$

Global Sum S\$:

Email

Call

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

S\$

Name 1:

Payee 2: (Strike if N.A.)

S\$

Name 2:

Payee 3: (Strike if N.A.)

S\$

Name 3:

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

ASS. REC. BY:

REF: Ty /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. _____

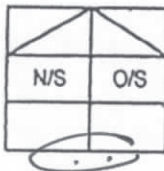
Sum Insured: _____

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 Report: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 05 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: S110 9620KYr Regn: 07, 12

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

Truck / Traller or _____

Make: ChevroletEpiz9 c.c. 199Colour: White / Red

A/C: Insured / Std / NI / NA

Sp. Reading: 614413

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KL11A69RTJB 107966Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: NI / S/Rim / STD A/Rim orTyre Size: 195/65R15F: GTIBS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or

Front

Rear

R/Bal. 7 mmR/Bal. 8 mmL/Bal. 7 mmL/Bal. 8 mmD.O.A. 5/10/18D.O.A. 9/10/18

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

Action / Instruction

110 File pass to Catherine

Date/Time, File Pass to?

☐

: Prel. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

Add Fee: ☐

: Site Insp (\$ _____)

☐

: Interview (\$ _____)

☐

: Tech Invs (\$ _____)

☐

: Weekend (\$ _____)

S + RS. SI

Photos

Others

Report Format :

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

TOTAL