

INS. CASE OWNER:

CC 6, Alb 180 187m, Upaz

LKK:

IDAC:

Surveyor:

MAREWS

DOI:

ASSIGNMENT

16/10/18

Date / Time :

16/10/18

Registered in Merimen:

16/10/18

Pre-assign / CCU / FTE



Insured Vehicle No. :

SKK 3543S

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :SS

D.O.A :

21/11/18

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

GBA 5090C



INSRS:

WSP:

Tel :

Liability :

RMKS:

Un Br.



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

31/07/2020

Pls refer to Views for details.

*No response from TP

*Submit WP report to AIG

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: L/sum S\$ 3,000.00 (3 days) Reduction: 61 %

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\$ (e.g. Tow/ Independent)

Legal Cost S\$

1) Claim status: Normal/Reject/Private Settle /WP

2) Report Format: TP

3) Survey fee: \$320.00

Total: S\$ Global Sum S\$:

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:

(08/11/13)

REF:

ASS. REC. BY:

marcus

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: 6BA5090Cat Workshop m/s 10's Bld

of _____

Insured: SKK 35435

Policy No. _____

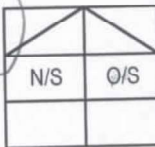
Claims No. _____

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: 28

IDAC Accident Report: _____ Consistent?: Yes or No

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

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

CA / REV / REP. / 24 HRS

3.17/2022

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: 6BA5090C Yr Regn: 8 107

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

Truck / Trailer or (M)Make: Toyota hiace c.c. 2882Colour: white A/C: Insured / Std / NI / NASp. Reading: 551971 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTFHT02P000005050Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 195 215

R: _____

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

TOYO / YOKO or cst tires.Front 6 mm Rear 6 mmR/Bal. 6 mmL/Bal. 6 mmD.O.A. 21/4/18 D.O.I. 16/10/18

Survey held at _____

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

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

Date / Time Action / Instruction 27A12913

L/sum \$3,000.00 (Red \$4,611.70 // 61%)

Date/Time, File Pass to?

☐ : Preli. Report

1) _____

☐ : Final Report

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: (\$ _____)