

CC 3, AIG 180 18900, Nua3

Surveyor: Naz

DOI: ASSIGNMENT
15/10/18

Date / Time: 15/10/18
Registered in Merimen: 17/10/18

Pre-assign / CCU / FTE

SLQ 7393M



Insured Vehicle No. : _____

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$S _____ D.O.A : 17/10/18

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

SHC 4420J →



INSRS:
WSP: SMPT.M
Tel : _____
Liability : _____
RMKS: _____



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



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



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

Date/ Time		STAGE	DATE / PIC
	<u>SHC 4420J - 03/AAA 15007696 / (ym3q) : 00A 01/15</u>	Non-Reporting ltr (1st):	
	<u>SLQ 7393M - X</u>	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"/>
		After call ltr to OI:	<input type="checkbox"/>
		Authorisation To Act:	<input type="checkbox"/>
		Release Voucher:	<input type="checkbox"/>
		Final Repair Blll:	<input type="checkbox"/>
		Car Rental Invoice:	<input type="checkbox"/>
		Towing Invoice	<input type="checkbox"/>
		LTA / GIA :	<input type="checkbox"/>
		Medical Bill:	<input type="checkbox"/>
		PIR:	<input type="checkbox"/>
		Mandate/Reject Instruction:	<input type="checkbox"/>
		LOD	<input type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/>
PRELIMINARY ADVICE	Date/Time: _____ Sent By: _____	Post-Repair Photos:	<input type="checkbox"/>
		Others:	<input type="checkbox"/>
FINALIZATION	Date/Time: _____ Confirm with: _____ Confirm by: _____		
Repair Cost:	\$S _____ (_____ days) Reduction: _____ %	Email <input type="checkbox"/>	Call <input type="checkbox"/>
FINAL SETTLEMENT	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:	\$S _____		
Loss of Rental (LOR):	\$S _____ (_____ days)		
Loss of Use (LOU):	\$S _____ (\$ x _____ days)		
Loss of Income (LOI):	\$S _____ (\$ x _____ days)		
LOR only <input type="checkbox"/>	LOU only <input type="checkbox"/>	LOR + LOU <input type="checkbox"/>	LOR + LOI <input type="checkbox"/>
[Tick only one]			
GIA/LTA Search	\$S _____	1) Claim status: Normal/Reject/Private Settle	
Medical:	\$S _____	2) Report Format: _____	
Disbursement:	\$S _____ (e.g. Tow/ Independent)	3) Survey fee: _____	
Legal Cost	\$S _____		
Total:	\$S _____ Global Sum \$S: _____		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____ Email <input type="checkbox"/>	Call <input type="checkbox"/>	
Payee 1:	\$S _____ Name 1: _____		
Payee 2: (Strike if N.A.)	\$S _____ Name 2: _____		
Payee 3: (Strike if N.A.)	\$S _____ Name 3: _____		

TAX/10/18/2056
~~TAX/10/18/2050~~

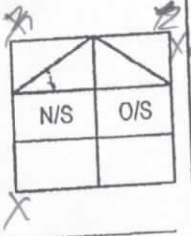
REF: NA2

REF: AIG

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 Rport: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: 2 days Res.: Yes or No
 Lum Sum: _____ % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SHC 4420 C
 Type: M.Car / M.Cycle / Bus / Van / Lorry / (Taxi) Prime Mover /
 Truck / Trailer or _____
 Make: TOYOTA PRUV c.c. 1,798
 Colour: MAROON A/C: (Insured) Std / NI / NA
 Sp. Reading: 331,628 T/Radio: (Insured) Std / NI / NA
 Eng/No: _____
 C/No: JTDKN364205721560
 Gen. Cond: Good / (Fair) / Poor / Burnt
 Steering: (Inorder) / Jammed / Leaked / Burnt or
 Brake: (Inorder) / Jammed / Leaked / Burnt or
 Modi: Nil / S/Rim / (STD) / Rim or
 Tyre Size: F: 195 / 65 R15
 R: 11
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or FALKENCF, HANKOOK CR
 Front R/Bal. 5 mm Rear R/Bal. 6 mm
 L/Bal. 5 mm L/Bal. 6 mm
 D.O.A. 12/10/18 U.O.I. 15/10/18
 Survey held at S.M.B WOODLANDS
 Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or
FRT O/S REAR N/S
 The UIC / 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) _____
 Report Format : _____
 Lump Sum / I.B.I: (\$ _____)

Days Of Repair: _____
 Resurvey No. of Trip: _____ Survey Fee: _____
 Transportation: _____
 Add Fee: : Site Insp (\$ _____) S + RS _____ SI
 : Interview (\$ _____) Photos _____
 : Tech. Invs (\$ _____) Others _____
 : Weekend (\$ _____)
 TOTAL _____

AIG L/S