

15/52010

INS. CASE OWNER:

*pkw* | *CC* *Mem* / AXA1801 *8977, Ehbh*

LKK:  
IDAC:

Surveyor:

*RSC*

ASSIGNMENT  
DOI: *15/10/18*

Date / Time : *18/10/18*

Registered in Merimen: \_\_\_\_\_

Pre-assign / CCU / FTE



Insured Vehicle No. : *GU 4448X*

Claim No. : *SBM007L3 / 75682*

Name of Insured : \_\_\_\_\_

Policy No. : \_\_\_\_\_

Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_  
Excess Sec II :SS *4000* D.O.A : *16/10/18*

Make / Model : \_\_\_\_\_

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. : \_\_\_\_\_ (VL: YES / NO )

Insured Liability : % Final ? Yes / No



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

*pkw*  
*Min*



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time		STAGE	DATE / PIC
	<i>sgw 79110</i>	Non-Reporting ltr (1st):	
	<i>GU 4448X - Y</i>	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> 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 Bill:	<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"/>
		Post-Repair Photos:	<input type="checkbox"/>
		Others:	<input type="checkbox"/>
<b>PRELIMINARY ADVICE</b>	Date/Time:	Sent By:	
<b>FINALIZATION</b>	Date/Time:	Confirm with:	Confirm by:
Repair Cost: <i>L/S</i>	\$S 4450.00	( 9 days) Reduction: 4730.06 % 52	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:	\$S		
Loss of Rental (LOR):	\$S	( days)	
Loss of Use (LOU):	\$S	(S x days)	
Loss of Income (LOI):	\$S	(S 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	\$S		
Medical:	\$S		
Disbursement:	\$S	(e.g. Tow/ Independent )	1) Claim status: Normal/Reject/Private Settle
Legal Cost	\$S		2) Report Format: <b>WP</b>
			3) Survey fee: \$250.00
<b>Total:</b>	\$S	<b>Global Sum \$S:</b>	
<b>FINAL PAYMENT</b>	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:	

ASS. REC. BY:

REF: ADA/

Kenneth

**ASSIGNMENT**

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

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

OD / TP / WS / TP RES / OD RES / EVA / INV / MY

To Inspect Vehicle No: \_\_\_\_\_

at Workshop m/s 1616111N

of \_\_\_\_\_

Insured: \_\_\_\_\_

Policy No. \_\_\_\_\_

Claims No. \_\_\_\_\_

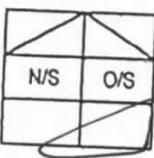
Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(Client's Record)

Make of Veh: \_\_\_\_\_

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



Bal. or Market Value: 821K

IDAC Accident Rpt: \_\_\_\_\_ Consistent?: Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent?: Yes or No

Est. Repairs: 09 days Res.: Yes or No

Lum Sum: 1.31 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

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

Veh No: STW 7991D Yr Regn: 04, 10

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

Make: Toy Premio c.c. 1496

Colour: M. Silver A/C: Insured / Std / NI / NA

Sp. Reading: 146100 T/Radio: Insured / Std / NI / NA

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

C/No: N 2 T 260 3046983

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: NII / S/Rlm / STD A/Rlm or

Tyre Size: F: 195/60R15

R: \_\_\_\_\_

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

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

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

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

D.O.A. 16/10/18 D.O.I. 17/10/18

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

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or None of

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

Date / Time	Action / Instruction
<u>18/10</u>	<u>File pass to Catherine, est not ready</u>

Date/Time, File Pass to?  : Prell. 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: (\$ )