

15/5/2010

INS. CASE OWNER:

CC 6 / CTI1801

LKK:

IDAC:

Surveyor:

marcus

DOI:

ASSIGNMENT

21/10/18

Date / Time :

21/10/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

854 2498J-

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :SS

D.O.A :

21/10/18

Place of Accident :

Is driver the owner?

(YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

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

Insured Liability :

%

Final ? Yes / No

6BH 5087B



INSRS:

WSP:

Tel :

Liability :

RMKS:

Fastuh



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time		STAGE	DATE / PIC
	6BH 5087B -x	Non-Reporting ltr (1st):	
	854 2498J -x	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:	
Repair Cost:	SS (days) Reduction:	%	Confirm by: Email ☐ Call ☐
FINAL SETTLEMENT Date/Time:		Confirm with	
Final Liability:	% (Agreed / Assessed) BOLA S/N No. :	If NO or B 28, Ass. Lia :	
Repair Cost:	SS		
Loss of Rental (LOR):	SS (days)		
Loss of Use (LOU):	SS (\$ x days)		
Loss of Income (LOI):	SS (\$ x days)		
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LO ☐	[Tick only one]		
GIA/LTA Search	SS		
Medical:	SS	1) Claim status: Normal/Reject/Private Settle	
Disbursement:	SS (e.g. Tow/ Independent)	2) Report Format:	
Legal Cost	SS	3) Survey fee:	
Total:	SS	Global Sum \$S:	
FINAL PAYMENT Date/Time:		Confirm with:	
Payee 1:	SS	Name 1:	
Payee 2: (Strike if N.A.)	SS	Name 2:	
Payee 3: (Strike if N.A.)	SS	Name 3:	

REFERENCE (M/R)

REF:

CTA/

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To inspect Vehicle No.

at Workshop mis

of

Insured:

Policy No

Claims No.

Sum Insured:

(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 Rpt:

GIA / PR Seen:

Est. Repairs:

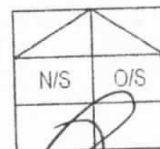
Lum Sum:

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Date / Time Action / Instruction



Consistent? : Yes or No

Consistent? : Yes or No

days Res.: Yes or No

% 3 Val.: Yes or No

8348W

Vehicle: IN / OUT

Veh No

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

Truck / Trailer or

Make:

Colour -

Sp. Reading

Eng/No:

C/No:

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: M / S / Rim / STD A / Rim or

Tyre Size:

F:

R:

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

Front

R/Bal.

L/Bal.

D.O.A.

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 File Pass to?

1)

Date/Time File Return to?

2)

Report Format :

Lump Sum / L.B. / (\$

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

Site Insp (\$
Interview (\$
Tech. Invs (\$
Weekend (\$

Survey Fee:

Transportation

(\$ - \$5.00 SI

) Photos

) Other

TOTAL