

15/5/2010

INS. CASE OWNER:

CC 3/AIG1802

LKK:

IDAC:

Surveyor:

Fenneth.

DOI:

ASSIGNMENT

Date / Time:

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

SMC 659AB

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II : \$\$

D.O.A. :

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

SHF 5896



INSRS:

WSP:

Tel :

Liability :

RMKS:

Trans
chb.

INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time	STAGE	DATE / PIC	
SHF 5895 - x	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:	\$\$	(days) Reduction: % Email ☐ Call ☐	
FINAL SETTLEMENT Date/Time: _____ Confirm with: _____ Email ☐ Call ☐			
Final Liability:	%	(Agreed / Assessed) BOLA S/N No. :	
Repair Cost:	\$\$	If NO or B 28, Ass. Lia :	
Loss of Rental (LOR):	\$\$	(days)	
Loss of Use (LOU):	\$\$	(\$ x days)	
Loss of Income (LOI):	\$\$	(\$ x days)	
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LO ☐	[Tick only one]		
GIA/LTA Search	\$\$		
Medical:	\$\$	1) Claim status: Normal/Reject/Private Settle	
Disbursement:	\$\$	2) Report Format:	
Legal Cost	\$\$	3) Survey fee:	
Total:	\$\$	Global Sum \$\$: _____	
FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email ☐ Call ☐			
Payee 1:	\$\$	Name 1: _____	
Payee 2: (Strike if N.A.)	\$\$	Name 2: _____	
Payee 3: (Strike if N.A.)	\$\$	Name 3: _____	

ASS. REC. BY:

REF: A/GKenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Trans Cab

of _____

Insured: _____

Policy No. _____

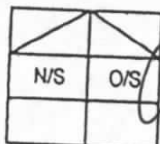
Claims No. _____

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 Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 2 1/2 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: S/HF 5895 Yr Regn: 06, 14

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

Truck / Trailer or AMake: Renault Latitude c.c. 1995Colour: M. White / Red A/C: Insured / Std / NI / NASp. Reading: 642795 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: VIFIABL 15/Mrc 278428Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orMod: Nil / S/Rim / STD A/Rim orTyre Size: F: 215/60R16

R: _____

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

Front

R/Bal. 8 mmL/Bal. 8 mmD.O.A. 19/11/18

Rear

R/Bal. 8 mmL/Bal. 8 mmD.O.I. 20/11/18

Survey held at _____

Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or

o/s body

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

21/11 File pass to Catherine21/11 61 Lp 850501

Date/Time, File Pass to?

☐ : Prell. Report

Days Of Repair: _____

1)

Date/Time, File Return to?

☐ : Final Report

Resurvey No. of Trip: _____

2)

Add Fee: ☐ : Site Insp (\$☐ : Interview (\$☐ : Tech Invs (\$☐ : Weekend (\$

Survey Fee:

Transportation:

S + RS. \$

Photos

Others

TOTAL

Report Format :

Lump Sum / I.B.I. (\$