

INS. CASE OWNER:

CC 4, III 180 2101, 11 pa3

LKK:

IDAC:

Surveyor:

mty

DOI:

ASSIGNMENT

27/11/2018

Date / Time :

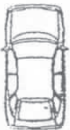
21/11/18

Registered in Merimen:

21/11/18

Pre-assign / CCU / FTE

SHE 329SK



Insured Vehicle No. : _____

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____

HP: _____

Make / Model : _____

Excess Sec II : \$S _____

D.O.A : 5/12/15

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

FV 182X



INSRS:

WSP:

Tel :

Liability :

RMKS:

Pays Scooter.



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time	STAGE	DATE / PIC	
FV 182X - 28/11/18 07:20/4 ; bora: 5/12/15 SHE 329SK - 12/11/18 07:57/1 kpa3q2 ; bora: 5/12/15 - 14/11/18 07:16/4 kha3q2 ; bora: 5/12/15 - 14/11/18 07:32/1 k4a3s2 ; bora: 5/12/15 - 12/11/18 07:38/1 k1w3q2 ; bora: 5/12/15	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:

\$S

(days)

Reduction:

%

Email ☐Call ☐

FINAL SETTLEMENT

Date/Time:

Confirm with

Email ☐Call ☐

Final Liability:

\$S

(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

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:

Signature

Tanglin

REF:

ASSIGNMENT

From:

Date:

Veh No:

FV182X

Yr Regn:

2011 Nov

Estimated Cost:

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

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

Truck / Trailer or

To Inspect Vehicle No:

Make:

Yamaha JFRG

C.C

599

at Workshop m/s

Colour:

S/W

A/C: Insured / Std / NI / NA

of

Sp.Reading

T/Radio: Insured / Std / NI / NA

Insured:

Eng/No:

Policy No.

C/No:

SYAR 215500000425

Claims No.

Gen. Cond: Good / Fair / Poor / Burnt

Sum Insured:

Excess:

Steering: Inorder / Jammed / Leaked / Burnt or

(Client's Record)

Brake: Inorder / Jammed / Leaked / Burnt or

Make of Veh:

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

(Policy Condition)

Tyre Size:

F:

120 / 70 R17

R:

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



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

Bal. or Market Value:

Front

Rear

IDAC Accident Rpt:

Consistent? : Yes or No

R/Bal.

5

mm

R/Bal.

5

mm

GIA / PR. Seen:

Consistent? : Yes or No

L/Bal.

5

mm

L/Bal.

5

mm

Est. Repairs:

days

Res.: Yes or No

D.O.A.

D.O.I.

22/11/18

Lum Sum:

%

3 Val.: Yes or No

Survey held at

Pang Suster

CA / REV / REP. / 24 HRS

Des. of Damages: Fnt / Rear / O/S / N/S / U/C / Rooftop or

Date:

Person Contacted:

Vehicle: IN / OUT

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

Date / Time

Action / Instruction

Chassis affected, not safe to repair, to check repair limit and offer to workshop.

H.C.

Date/Time, File Pass to?

☐

: Preli. Report

Days Of Repair:

1)

☐

: Final Report

Resurvey No. of Trip:

Date/Time, File Return to?

2)

Add Fee:

☐

: Site Insp (\$

Survey Fee:

Transportation:

) S + RS SI

) Photos

) Others

Report Format :

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

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

TOTAL