

15/5/2010

INS. CASE OWNER:

CC 4/AIG1802

LKK:

IDAC:

Surveyor:

ups

DOI:

ASSIGNMENT

5/10/18

Date / Time :

31/10/18

Registered in Merimen:

4/10/18

Pre-assign / CCU / FTE



Insured Vehicle No. :

GBH 61820

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :\$S

D.O.A :

notified

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

PC 6671T



INSRS:

WSP:

Tel :

Liability :

RMKS:

ricobo



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

| Date/ Time                                                                                                                               | STAGE                              | DATE / PIC                                                   |
|------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------------------------|
| PC 6671T                                                                                                                                 | Non-Reporting ltr (1st):           |                                                              |
| GBH 61820                                                                                                                                | 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>   | <b>Handler</b> <b>Typist</b>                                 |
|                                                                                                                                          | Notification ltr (if non-pickup)   | <input type="checkbox"/> <input type="checkbox"/>            |
|                                                                                                                                          | After call ltr to OI:              | <input type="checkbox"/> <input type="checkbox"/>            |
|                                                                                                                                          | Authorisation To Act:              | <input type="checkbox"/> <input type="checkbox"/>            |
|                                                                                                                                          | Release Voucher:                   | <input type="checkbox"/> <input type="checkbox"/>            |
|                                                                                                                                          | Final Repair Bill:                 | <input type="checkbox"/> <input type="checkbox"/>            |
|                                                                                                                                          | Car Rental Invoice:                | <input type="checkbox"/> <input type="checkbox"/>            |
|                                                                                                                                          | Towing Invoice:                    | <input type="checkbox"/> <input type="checkbox"/>            |
|                                                                                                                                          | LTA / GIA :                        | <input type="checkbox"/> <input type="checkbox"/>            |
|                                                                                                                                          | Medical Bill:                      | <input type="checkbox"/> <input type="checkbox"/>            |
|                                                                                                                                          | PIR:                               | <input type="checkbox"/> <input type="checkbox"/>            |
|                                                                                                                                          | Mandate/Reject Instruction:        | <input type="checkbox"/> <input type="checkbox"/>            |
|                                                                                                                                          | LOD                                | <input type="checkbox"/> <input type="checkbox"/>            |
|                                                                                                                                          | Payment Breakdown Form:            | <input type="checkbox"/> <input type="checkbox"/>            |
|                                                                                                                                          | Post-Repair Photos:                | <input type="checkbox"/> <input type="checkbox"/>            |
|                                                                                                                                          | Others:                            | <input type="checkbox"/> <input type="checkbox"/>            |
| <b>PRELIMINARY ADVICE</b> Date/Time:                                                                                                     | Sent By:                           |                                                              |
| <b>FINALIZATION</b> Date/Time:                                                                                                           | Confirm with:                      | Confirm by:                                                  |
| Repair Cost: \$S                                                                                                                         | ( days) Reduction: %               | 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                                                                                                                   | ( \$ 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 + LO <input type="checkbox"/> | [Tick only one]                    |                                                              |
| GIA/LTA Search \$S                                                                                                                       |                                    |                                                              |
| Medical: \$S                                                                                                                             |                                    | 1) Claim status: Normal/Reject/Private Settle                |
| Disbursement: \$S                                                                                                                        | (e.g. Tow/ Independent )           | 2) Report Format:                                            |
| Legal Cost \$S                                                                                                                           |                                    | 3) Survey fee:                                               |
| <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:                            |                                                              |

(08/11/13) wef

ASS. REC. BY: Mercus

REF:

Am/

## ASSIGNMENT

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

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

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

To Inspect Vehicle No: PC 66717at Workshop m/s RICO

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.

|     |     |
|-----|-----|
|     |     |
| N/S | O/S |
|     |     |

Bal. or Market Value: \_\_\_\_\_

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

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

Est. Repairs: \_\_\_\_\_ days Res.: Yes or No

Lum Sum: \_\_\_\_\_ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

| Date / Time | Action / Instruction          |
|-------------|-------------------------------|
|             | <u>LTA 35563</u>              |
|             | <u>o/s Rear ? consistent?</u> |

Veh No: PC 66717 Yr Regn: 10:17

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

Truck / Trailer or (n)Make: Toyota hiace super G.L.C. 2982Colour: white A/C: Insured / Std / NI / NASp. Reading: 75/69 T/Radio: Insured / Std / NI / NA

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

C/No: KDM 211 8007479Gen. Cond: Good Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195 R15

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

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUM /

TOYO YOKO or

Front

R/Bal. 6 mmL/Bal. 6 mmD.O.A. 30/11/18

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

Rear

R/Bal. 6 mmL/Bal. 6 mmD.O.I. 5/12/18

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

o/s Rear, 20/5/18

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

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

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.: (\$ )