

15/5/2010

INS. CASE OWNER:

CC 4/AIG1802

LKK:

IDAC:

Surveyor:

Bryan

DOI:

ASSIGNMENT

Date / Time :

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

Name of Insured :

Insured Tel No. :

Excess Sec II : \$\$

Is driver the owner?

(YES / NO)

Nature of Accident :

Claim No. :

Policy No. :

Make / Model :

Place 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

INSRS:
WSP:
Tel :
Liability :
RMKS:

Teamwork

INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
SKT 577CD 2 m/11/18/02/46/164 5 m/11/18/02/46/164	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)	<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"/>	
PRELIMINARY ADVICE Date/Time:	Sent By:	Post-Repair Photos: <input type="checkbox"/> <input type="checkbox"/>
FINALIZATION Date/Time:	Confirm with:	Others: <input type="checkbox"/> <input type="checkbox"/>
Repair Cost: \$\$	(days) Reduction: %	Confirm by: Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT 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: \$\$		
Loss of Rental (LOR): \$	(days)	
Loss of Use (LOU): \$	(\$ x days)	
Loss of Income (LOI): \$	(\$ 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	\$	
Medical:	\$	
Disbursement:	\$ (e.g. Tow/ Independent)	1) Claim status: Normal/Reject/Private Settle
Legal Cost	\$	2) Report Format:
Total: \$	Global Sum \$:	3) Survey fee:
FINAL PAYMENT Date/Time:	Confirm with:	Email <input type="checkbox"/> Call <input type="checkbox"/>
Payee 1: \$	Name 1:	
Payee 2: (Strike if N.A.) \$	Name 2:	
Payee 3: (Strike if N.A.) \$	Name 3:	

Surge

REF:

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

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:

5

days

Res.:

Yes or No

Lum Sum:

20

%

3 Val.:

Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

8KT 5775D

Yr Regn:

2015 / June

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

Truck / Trailer or

Make:

Hissen Elgrand

C.C

2488

Colour:

Black

A/C:

Insured / Std / NI / NA

Sp. Reading

93537

T/Radio:

Insured / Std / NI / NA

Eng/No:

QR25146278L

C/No:

JNITBAE5220802379

Gen. Cond:

Good / Fair / Poor / Burnt

Steering:

In order / Jammed / Leaked / Burnt or

Brake:

In order / Jammed / Leaked / Burnt or

Modi:

Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

225/55 R19

R:

— 11 —

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

TOYO / YOKO or

Achilles

Front

Rear

R/Bal.

5

mm

R/Bal.

5

mm

L/Bal.

5

mm

L/Bal.

5

mm

D.O.A.

12/12/2018

D.O.I.

27/12/2018

Survey held at

Teamwork Page ubi

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

Rear 4 O/S Front

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

Date / Time

Action / Instruction

AIG ASM 5064X

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

) S + RS SI

) Photos

) Others

) TOTAL

Report Format :

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

TOTAL