

15/5/2010

INS. CASE OWNER:

CC 4/III1802

LKK:

IDAC:

Surveyor:

Rasm

DOI:

ASSIGNMENT

Date / Time:

26/IV/18

Registered in Merimen:

26/IV/18

Pre-assign / CCU / FTE



Insured Vehicle No. :

SKD 3292M.

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :\$S

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

507 7666X



INSRS:

WSP:

Tel :

Liability :

RMKS:

16C
KMA

INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time		STAGE	DATE / PIC
	507 7666X -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:	\$S	(days) Reduction:	% Email ☐ Call ☐
FINAL SETTLEMENT Date/Time: Confirm with: Email ☐ Call ☐			
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	(S x days)	
Loss of Income (LOI):	\$S	(S x days)	
LOR only ☐ LOU only ☐	LOR + LOU ☐	LOR + LO ☐	[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:	

Raman

REF:

98211

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

SLD 3666X

at Workshop m/s

CYL & CARRIAGE

of

JH, PAMARU CUS

Insured:

111

Policy No.

Claims No.

Sum Insured:

Excess:

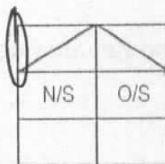
(Client's Record)

Make of Veh:

(Policy Condition)

Coo

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:

days

Res.: Yes or No

Lum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SLD 3666X

Yr Regn:

2016 / Jun

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

Truck / Trailer or

Make:

KIA FORTE K3 1.6A

c.c 1591

Colour:

WHITE

A/C:

Insured / Std / NI / NA

Sp. Reading

50091

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

KNAPX411M65602802

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

205/55R16

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

27/12/18

D.O.I.

28/12/18

Survey held at

(C8C PA)

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

N/S Frt

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

Date / Time

Action / Instruction

Date/Time, File Pass to?



: Preli. Report

1)

Date/Time, File Return to?



: Final Report

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Report Format :

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

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech. Invs (\$



: Weekend (\$

) \$ + RS. \$

) Photos

) Others

TOTAL