

15/5/2019

INS. CASE OWNER:

CC 6/LPC1900

0026, K job

LKK:

IDAC:

Surveyor:

KSC

DOI:

ASSIGNMENT
V11/19

Date / Time :

21/4/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

GY 90974

Claim No. :

18/18/19/10/12/12

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II : \$

D.O.A :

28/12/18

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

SLV 4A41A

INSRS:
WSP:
Tel :
Liability :
RMKS:

MBM

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

Date/ Time

SLV 4A41A - 7

GY 90974 - 7

STAGE

DATE / PIC

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. :

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

LOU only

LOR + LOU

LOR + LO

[Tick only one]

GIA/LTA Search

\$

Medical:

\$

Disbursement:

\$

(e.g. Tow/ Independent)

Legal Cost

\$

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

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:

(08/11)

REF:

HPC

Surveyor

ASSIGNMENT

From:

Date: 02/01/2019

Estimated Cost:

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

To Inspect Vehicle No:

SLV 4941A
MBM wheelpower
160 8in Ming Drive # 06-03

at Workshop m/s

Insured

Policy No.

Claims No.

Sum Insured:

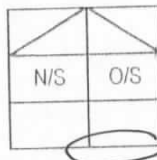
Excess:

(Client's Record)

Make of Veh:

Dunlop 93288668

(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:

5-6 days

Res.: Yes or No

Lum Sum:

1-B.1 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS (up)

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SLV 4941A

Yr Regn:

12 / 17

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

Truck / Trailer or

Make:

Toy C14R

C.C

1797

Colour

M. Red

A/C: Insured / Std / NI / NA

Sp. Reading

77856

T/Radio: Insured / Std / NI / NA

Eng/No:

84X10

2025920

C/No:

Gen. Cond: ☒ Good / Fair / Poor / BurntSteering: ☒ In order / Jammed / Leaked / Burnt orBrake: ☒ In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD ☒ A/Rim or

Tyre Size:

F:

225/50R18

R:

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

TOYO / YOKO or

Hankook

Front

R/Bal.

9

mm

Rear

R/Bal.

9

mm

L/Bal.

9

mm

L/Bal.

9

mm

D.O.A.

28/12/18

D.O.I.

2/1/19

Survey held at

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

Rear o/s

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

Date / Time

Action / Instruction

3/1 File pass to Carhmk

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:

) \$ + RS. SI

) Photos

) Others

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Report Format :

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

TOTAL