

INS. CASE OWNER:

CC 4/AIG1900

LKK:

IDAC:

Surveyor:

kalvin

DOI:

ASSIGNMENT

Date / Time :

7/1/19

Registered in Merimen:

7/1/19

Pre-assign / CCU / FTE



Insured Vehicle No. :

SKT 2402A

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :SS

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

S/L 8857K

unknown
Chet 2402A

S/L 7813P



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

01



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time	STAGE	DATE / PIC	
skt 7813p - 4 skt 2402A - m/16/15/2010/13/19 01/19	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:	☐	☐	
PRELIMINARY ADVICE	Date/Time:	Sent By:	
FINALIZATION	Date/Time:	Confirm with:	
Repair Cost:	SS	(days) Reduction: %	
		Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time:	Confirm with:	
Final Liability:	%	(Agreed / Assessed) BOLA S/N No. :	
Repair Cost:	SS		
Loss of Rental (LOR):	SS	(days)	
Loss of Use (LOU):	SS	(S x days)	
Loss of Income (LOI):	SS	(S x days)	
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LO ☐	[Tick only one]		
GIA/LTA Search	SS		
Medical:	SS		
Disbursement:	SS	(e.g. Tow/ Independent)	
Legal Cost	SS		
Total:	SS	Global Sum SS:	
FINAL PAYMENT	Date/Time:	Confirm with:	
Payee 1:	SS	Name 1:	
Payee 2: (Strike if N.A.)	SS	Name 2:	
Payee 3: (Strike if N.A.)	SS	Name 3:	

08/11/2013

Surveyor: Kavin

REF:

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD/TP/HS/TP/RES/OD/RES/EVA/INV/MV

To Insp'd 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.

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

To scry
Per Both chassis Damage
was able to repair

AM

4.

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

Report Format:

Lump Sum / L.B.J: (\$)

☐ : Preli. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$)

☐ : Interview (\$)

☐ : Tech. Invs (\$)

☐ : Weekend (\$)

Survey Fee:

Transportation:

\$ + RS. \$

Photos

Others

Veh No:

SHC 7813P

Yr Regn:

18ELY, 2013

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

Truck / Trailer or

Make:

Hyundai Santa

C.C.

1991

Colour

Yellow

A/C: In Good / Std / NI / NA

Sp. Reading

738668

T/Radio: Ins Good / Std / NI / NA

Eng/No:

C/No:

KAMET & IUMD A83 & 87

Gen. Cond: Good / Good / Poor / Burnt

Steering: In Good / Jammed / Leaked / Burnt or

Brake: In Good / Jammed / Leaked / Burnt or

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

Tyre Size:

215/60R16

R:

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

TOYO / YOKO or

West

Front

Rear

R/Bal.

2

mm

R/Bal.

2

mm

L/Bal.

2

mm

L/Bal.

2

mm

D.O.A.

25/12/13

D.O.I.

2/1/14

Survey held at

C D G E (Loyang)

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

Per

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