

15/5/2010

INS. CASE OWNER:

CC 6/AIG1900 0282, V/hg

LKK:

IDAC:

Surveyor:

marcus

DOI:

ASSIGNMENT

4/1/9

Date / Time:

21/9

Registered in Merimen:

21/9

Pre-assign / CCU / FTE



Insured Vehicle No. :

SFJ 9198E

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II : \$\$

D.O.A :

12/12/18

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

YP 6237P

INSRS:
WSP:
Tel :
Liability :
RMKS:Lin's
broINSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
YP 6237P x	Non-Reporting ltr (1st):	
SFJ 9198E	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:	\$\$	1) Claim status: Normal/Reject/Private Settle
Disbursement:	\$\$ (e.g. Tow/ Independent)	2) Report Format:
Legal Cost	\$\$	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:

(08/11/13) wef

ASS. REC. BY: Marcus

REF:

A14/

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD ☒ TP / WS / TP RES / OD RES / EVA / INV / MVTo Inspect Vehicle No: 1/P6237Pat Workshop m/s 14's B20

of _____

Insured: S F J 9198E

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: 2 Consistent? : Yes or NoEst. Repairs: 3 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes- or No

CA / REV / REP. / 24 HRS

1196N

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: Y26237P Yr Regn: 5117

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

Truck / Trailer or

Make: M. F Fuso c.c 7545Colour: White A/C: Insured / Std / NI / NASp. Reading: 62360 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: FM 65 FMA 30 228Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 11 R 22-5

R: _____

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

TOYO / YOKO or

Front

Rear

R/Bal. 6 mm R/Bal. 6/6 mmL/Bal. 6 mm L/Bal. 6/6 mmD.O.A. 19/12/18 D.O.I. 4/1/19

Survey held at _____

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

O/S Rpt.

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

Date / Time Action / Instruction

7/1/19 Confirmed Lts \$4900 with Susan

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:

S + RS, SI

Photos

Others

TOTAL

Report Format : _____

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

Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)