

15/5/2010

INS. CASE OWNER:

CC 6 /AIG1900 0549, 4463

LKK:
IDAC:

Surveyor: Marius

ASSIGNMENT
DOI: 10/1/19

Date / Time : 21/1/19
Registered in Merimen: 21/1/19

Pre-assign / CCU / FTE



Insured Vehicle No. : SKJ 232234
Name of Insured : _____
Insured Tel No. : _____ HP: _____
Excess Sec II :SS _____ D.O.A : 8/1/19
Is driver the owner? (YES / NO) Nature of Accident :

Claim No. : _____
Policy No. : _____
Make / Model : _____
Place of Accident : _____

If NO, Driver Name / Age : _____ OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
Driver Tel No. : _____ (V/L: YES / NO) Insured Liability : % Final ? Yes / No

SKJ 4859m → → → →



INSRS:
WSP:
Tel : Specialist
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
<u>SKJ 4859m</u>	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:
Others:

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: _____

APG

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: 5344899M
 at Workshop m/s: Spehr
 of _____
 Insured: SKJ 23234
 Policy No. _____
 Claims No. _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

Veh No: 5344899M Yr Regn: 2 10
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or CA
 Make: Porsche 911 Carrera 4S 3800
 Colour: Black A/C: Insured / Std / NI / NA
 Sp. Reading: 80109 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: WPO222992AS746489
 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: 235/35ZR19
 R: 305/302R19
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or

(Policy Condition)
 Remark: The veh had commenced its
 repair at the time of inspection.

N/S	O/S

Bal. or Market Value: 1306
 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

Front 6 mm Rear 6 mm
 R/Bal. 6 mm L/Bal. 6 mm
 L/Bal. 6 mm D.O.A. 8/1/19 D.O.I. 10/1/19
 Survey held at _____
 Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
o/s Body
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>LIA 78333 Tyres. Bulbs</u>

Date/Time, File Pass to? : Preli. Report
 : Final Report
 1) _____
 Date/Time, File Return to?

Days Of Repair: _____
 Resurvey No. of Trip: _____

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

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

Survey Fee: _____
 Transportation: _____
 S + RS, SI _____
 Photos _____
 Others _____
 TOTAL _____