

15/5/2010

INS. CASE OWNER:

CC 3/EQI1900

0629, Kbb3

LKK:

IDAC:

Surveyor:

Fannith

DOI:

ASSIGNMENT

all in

Date / Time:

all in

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

SKQ 48494

Claim No.:

Name of Insured:

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II :\$

D.O.A.:

8/1/19

Place of Accident:

Is driver the owner?

(YES / NO)

Nature 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

CHB 9827E



INSRS:

WSP:

Tel:

Liability:

RMKS:

Trans

Chb



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time	STAGE	DATE / PIC
CHB 9827E - 4	SKQ 48494 - 4	
	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)	1) Claim status: Normal/Reject/Private Settle
Legal Cost \$		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:	

ASS. REC. BY:

REF: EQ 1Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____

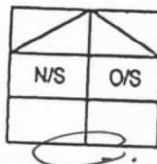
Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



Bal. or Market Value: _____

IDAC Accident Report: _____

Consistent? : Yes or No

GIA / PR Seen: _____

Consistent? : Yes or No

Est. Repairs: _____

03 days

Res.: Yes or No

Lum Sum: _____

20 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____

Person Contacted: _____

Vehicle: IN / OUT

Date / Time

Action / Instruction

10/1File pass toL/Rp 842501

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trlp: _____

Survey Fee: _____

Transportation: _____

S + RS. SI

Photos

Others

TOTAL

Report Format :

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

Add Fee: ☐

: Site Insp (\$ _____)

☐

: Interview (\$ _____)

☐

Tech Invs (\$ _____)

☐

Weekend (\$ _____)

Veh No: S11B 782FEYr Regn: 10, 12

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

Truck / Trailer or

Make: ChevroletEpice

c.c.

1891Colour: White/Red

A/C:

Insured / Std / NI / NA

Sp. Reading: 682002

T/Radio:

Insured / Std / NI / NA

Eng/No: _____

C/No: KLILA 69RTBB101315Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: Wit / S/Rlm / STD A/Rlm or

Tyre Size: F: _____

R: _____

195/65R15BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Giti

Front

Rear

R/Bal. 9 mmR/Bal. 9 mmL/Bal. 9 mmL/Bal. 9 mmD.O.A. 8/1/19D.O.I. 9/1/19

Survey held at _____

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

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