

15/5/2010

INS. CASE OWNER:

CCY / LPC1900 0691 T2 j63

LKK:

IDAC:

Surveyor:

Taufik.

DOI:

ASSIGNMENT

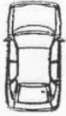
11/1/19

Date / Time :

11/1/19

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

SJK 716C

Claim No. :

18/11/19 upst onny.

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II : \$\$

D.O.A :

10/1/19

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

G87 741P



INSRS:

WSP:

Tel :

Liability :

RMKS:

km 1



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time	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:		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):	\$	(S x days)			
Loss of Income (LOI):	\$	(S 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:	
Total:	\$	Global Sum \$:		3) Survey fee:	
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:			

Surveyor **Taufik**REF: **LPC****ASSIGNMENT**

From:

Date:

11-01-2019

Estimated Cost:

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

To Inspect Vehicle No:

GBJ 341P

at Workshop m/s

EM-1

of

Blk 8 Sin Ming Ind Est #01-68

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:

948K.

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**

Veh No:

GBJ 341P

Yr Regn:

218 / DelType: **M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /**

Truck / Trailer or

Make:

Suzuki Every

C.C.

658

Colour:

Silver

A/C:

Insured / Std / NI / NA

Sp. Reading

1449

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/N:

DA17K261242Gen. Cond: **Good / Fair / Poor / Burnt**Steering: **Inorder / Jammed / Leaked / Burnt** orBrake: **Inorder / Jammed / Leaked / Burnt** orModi: **Nil / S/Rim / STD A/Rim** or

Tyre Size:

F:

R:

125/80 R17**BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /****TOYO / YOKO** or

Front

Rear

R/Bal.

mm

R/Bal.

mm

L/Bal.

mm

L/Bal.

mm

D.O.A.

D.O.I.

Survey held at

Des. of Damages: **Frt / Rear / O/S / N/S / U/C / Rooftop** orThe **U/C / Chassis frame / Body Structure** affected due to collision.

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐: **Preli. Report**

1)

Date/Time, File Return to?

☐: **Final Report**

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

) \$ + RS. \$

) Photos

) Others

Report Format :

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

TOTAL