

15/5/2010

INS. CASE OWNER:

Cynthia

CC 4 / AXA1900

1447, 11663

LKK:

IDAC:

Surveyor:

ups

DOI:

ASSIGNMENT

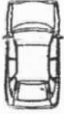
M/1/19

Date / Time:

M/1/19

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

XB 7686E

Claim No.:

Samo 1259 (94827)

Name of Insured:

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II :\$S

D.O.A.:

18/1/19

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

4P 380XP



INSRS:

WSP:

Tel:

Liability:

RMKS:

Car
city
moto

INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

4P 380XP-X

XB 7686E-X

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:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

\$S

(

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:

\$S

Loss of Rental (LOR):

\$S

(

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

\$S

Medical:

\$S

Disbursement:

\$S

(e.g. Tow/ Independent)

Legal Cost

\$S

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

Total:

\$S

Global Sum \$S:

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

\$S

Name 1:

Payee 2: (Strike if N.A.)

\$S

Name 2:

Payee 3: (Strike if N.A.)

\$S

Name 3:

(08/11/13) Wef

ASS. REC. BY: Marcus

REF:

ATA

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: YP3807P

at Workshop m/s car city

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: 58k.

IDAC Accident Report: 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: YP3807P Yr Regn: 8.16

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

Truck / Trailer or (in)

Make: Mit canter c.c 2998

Colour White A/C: Insured / Std / NI / NA

Sp.Reading 63749 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: FEB71EA20269

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: 215/75R17.5

R: _____

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

TOYO / YOKO or

Front

R/Bal. 6 mm R/Bal. 6/6 mm

L/Bal. _____ mm L/Bal. 6/6 mm

D.O.A. 8/1/19 D.O.I. 23/1/19

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.

Date / Time Action / Instruction

27A30665

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$ _____) S + RS, SI

☐ : Interview (\$ _____) Photos

☐ : Tech. Invs (\$ _____) Others

☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

TOTAL

Report Format : _____

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