

15/5/2010

INS. CASE OWNER:

CC 3 / III 1900

LKK:
IDAC:

Surveyor:

Kenneth

DOI:

ASSIGNMENT

m/1/19

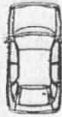
Date / Time:

m/1/19.

Registered in Merimen:

m/1/19.

Pre-assign / CCU / FTE



Insured Vehicle No. :

SHC 1641H

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II : \$S

D.O.A :

m/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

SHC 5177A



INSRS:

WSP:

Tel :

Liability :

RMKS:

trans cab



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time	STAGE	DATE / PIC
SHC 5177A - 2	Non-Reporting ltr (1st):	
SHC 1641H - 4	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:	(e.g. Tow/ Independent)	
Legal Cost	\$S	
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:

ASS. REC. BY:

REF: Ty /Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Trans Cab

of _____

Insured: _____

Policy No. _____

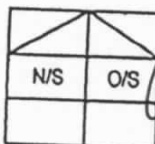
Claims No. _____

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 Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 2 1/2 days Res.: Yes or NoLum Sum: 1-B1 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: S14D 5177A Yr Regn: 12, 18Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: Toy Prius c.c. 1798Colour: M.P.H. Tel Red A/C: Insured / Std / NI / NASp. Reading: 17906 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTD KB 3FU 703078482Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: MT / S/Rim / STD A/Rim orTyre Size: F: 185/65R15

R: _____

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

TOYO / YOKO or _____

Front

R/Bal. D mmL/Bal. D mmD.O.A. 22/1/19

Survey held at _____

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

o/s

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

Date / Time Action / Instruction

24/1 File pass to Car

02469.27

Date/Time, File Pass to?

☐ : Prel. Report

1)

Date/Time, File Return to?

☐ : Final Report

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

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

Survey Fee: _____

Transportation: _____

S + RS. \$ _____

Fixtures

Others

TOTAL

Report Format :

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