

19/5/2010

INS. CASE OWNER:

CC 4/FWD1900 1868, U jobs

LKK:
IDAC:

Surveyor:

Murphy

DOI:

ASSIGNMENT
21/1/19

Date / Time :

21/1/19

Registered in Merimen:

21/1/19

Pre-assign / CCU / FTE



Insured Vehicle No. : SJL 1025L

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. : HP:

Make / Model :

Excess Sec II :SS D.O.A : 21/1/19

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

GBF 671H



INSRS:
WSP: Vin's
Tel :
Liability :
RMKS: W/O



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
GBF 671H-X	Non-Reporting ltr (1st):	
SJL 1025L-y	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"/>
	After call ltr to OI:	<input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/>
	PIR:	<input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/>
	LOD	<input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/>
	Others:	<input type="checkbox"/>

PRELIMINARY ADVICE Date/Time: Sent By: Confirm 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: \$\$ 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:

11/13) wef

REF:

S. REC. BY: Marcus

LWD

ASSIGNMENT

om: _____ Date: _____

Estimated Cost: _____

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

Inspect Vehicle No: G37671H

Workshop m/s 11530

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: _____

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: G37671H Yr Regn: 6 16

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

Truck / Trailer or _____

Make: FIAT Doblo carge maxi 1598

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

Sp. Reading: 54897 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: ZFA26300006C57525

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or _____

Brake: In order / Jammed / Leaked / Burnt or _____

Modi: Mill / Rim / STD A/Rim or _____

Tyre Size: F: 195/60R16

R: _____

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

TOYO / YOKO or RAMMO

Front 6 mm Rear 6 mm

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

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

D.O.A. _____ D.O.I. 29/1/19

Survey held at ✓

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

Rear

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

Date / Time	Action / Instruction
	<u>LIA 29626</u>

Date/Time, File Pass to? : Preli. Report

1) : Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

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

Add Fee: : Site Insp (\$ _____)

: Interview (\$ _____)

: Tech. Invs (\$ _____)

: Weekend (\$ _____)

Report Format : _____

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