

15/5/2010

INS. CASE OWNER:

Relev

CC *ASA* AXA1900 *18/2/10, Feb 13*

LKK:
IDAC:

Surveyor: STEVE

DOI: ASSIGNMENT 18/2/10

Date / Time: 15/2/10

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SFM 6650U

Claim No. : 59M0104X/98803

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :\$S_____ D.O.A : 14/2/10

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**

SJZ 7825K →



INSRS:
WSP: *SUP*
Tel : *motoring*
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
<u>SJZ 7825K</u>	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)	<input type="checkbox"/> <input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/> <input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/> <input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/> <input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/> <input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
	PIR:	<input type="checkbox"/> <input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
	LOD	<input type="checkbox"/> <input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>

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 _____

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: _____

Steve

REF: ASM(CAXA)

ASSIGNMENT

28/12/10

From: _____ Date: 18/02/2019

Estimated Cost: _____

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

To inspect Vehicle No: SJZ7825K

at Workshop n/s: SLP Motoring Services

of: BIK 10 AMK Ind - Park 2A #03-07

Insured: _____

Policy No: _____

Claims No: _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: **Morning**

Veh No: SJZ 7825K

Type: M. Car / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or

Make: Mitsubishi Lacer Auto C.C. 1.6

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

Sp. Reading: 149481 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JMYSRC SJA Au 003565

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: 195/60R15

R: 11

(Policy Condition)

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

N/S	O/S
X	X

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

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

Front R/Bal. 7 mm

Rear R/Bal. 7 mm

L/Bal. 7 mm

L/Bal. 7 mm

D.O.A. 14/02/19 D.O.I. 18/2/19

Survey held at SLP motoring

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

Welp next Repul. ask Rami first. if he say cannot pass Steve.

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

1) : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:	
Transportation	
G + RS	
Photos	
Other	
TOTAL	

Date/Time. File Return to? _____

2) _____

Report Format : _____

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

Add Fee: Site Insp (\$)

Interview (\$)

Tech. Invs (\$)

Weekend (\$)