

15/5/2010

INS. CASE OWNER:

Stacey | CC 4 WSM / AXA1900 3192, E p63

LKK:  
IDAC:

Surveyor:

Steve

DOI:

ASSIGNMENT

20/1/19

Date / Time :

20/1/19

Registered in Merimen:

Pre-assign / CCU / FTE

SLW 5921X



Insured Vehicle No. :

Claim No. : 8AMOLEGO/99564

Name of Insured :

Policy No. :

Insured Tel No. : HP:

Make / Model :

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

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

SLW 1833Z

SLW 5921X

SLW 7931Z



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

01



INSRS: mava  
WSP:  
Tel :  
Liability : tp  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time	STAGE	DATE / PIC
SLW 5921X - X	Non-Reporting ltr (1st):	
	Non-Reporting ltr (2nd):	
	Non-Reporting ltr (Final):	
	Notification ltr (if non-pickup):	
	Call OI:	
	After call ltr to OI:	
	<b>Documentation Check List:</b>	<b>Handler</b> <b>Typist</b>
	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"/>
	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
	Others:	<input type="checkbox"/> <input type="checkbox"/>

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

Disbursement: \$\$ (e.g. Tow/ Independent )

Legal Cost: \$\$

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:

Steve

REF:

ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_  
 Estimated Cost: \_\_\_\_\_  
 OD / TP / WS / TP-RES / OD RES / EVA / INV / MV  
 To inspect Vehicle Ho: \_\_\_\_\_  
 at Workshop m/s: \_\_\_\_\_  
 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: \_\_\_\_\_ days Res.: Yes or No  
 Lum Sum: \_\_\_\_\_ % 3 Val.: Yes or No  
 CA / REV / REP. / 24 HRS  
 Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT



Veh Ho: SKL 79312 Regn: 13/01/192 10  
 Type:  M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
 Truck / Trailer or  
 Make: Volkswagen Jetta c.c. 1-6  
 Colour: Silver A/C Insured / Std / NI / NA  
 Sp. Reading: 172712 T/Radio: Insured / Std / NI / NA  
 Eng/No: \_\_\_\_\_  
 C/No: WVVZZZIK2AU000759  
 Gen Cond: Good  Fair / Poor / Burnt  
 Steering:  Inorder / Jammed / Leaked / Burnt or  
 Brake:  Inorder / Jammed / Leaked / Burnt or  
 Mod: Nil / S/Rim / STD A/Rim or  
 Tyre Size: F: 225 / 45 ZR17  
 R: \_\_\_\_\_  
 BS:  DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
 TOYO / YOKO or  
 Front: \_\_\_\_\_ Rear: \_\_\_\_\_  
 R/Bal: 7 mm R/Bal: 7 mm  
 L/Bal: 7 mm L/Bal: 7 mm  
 D.O.A. 19/2/19 D.O.I. 20/2/19  
 Survey held at: Mova (Bukit Merah)  
 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
	MV - 19,000
	PV - 10235
	NV - 8765

Date/Time, File Pass to?  : Preli. Report  
 : Final Report  
 Date/Time, File Return to?  
 Days Of Repair:  
 Resurvey No. of Trip: \_\_\_\_\_ Survey Fee: \_\_\_\_\_  
 Add Fee:  Site Insp (\$)  
 Interview (\$)  
 Tech Invs (\$)  
 Weekend (\$)  
 Transportation: \_\_\_\_\_  
 Photos: \_\_\_\_\_  
 Other: \_\_\_\_\_  
 Report Format: \_\_\_\_\_  
 Lump Sum / I.B.F: (\$)