

15/5/2010

INS. CASE OWNER:

vale

CC 4 km / AXA 1900

3471, Klu63

LKK:

IDAC:

Surveyor:

PSC

DOI:

ASSIGNMENT

25/2/19

Date / Time :

25/2/19

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

SLA 8920K

Claim No. :

89201572 (100534)

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II : \$

D.O.A :

21/2/19

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

SKR 94124



INSRS:

WSP:

Tel :

Liability :

RMKS:

Lai Hnat.



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time	STAGE	DATE / PIC
SKR 94124 - x	Non-Reporting ltr (1st):	
SLA 8920K - x	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:		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):	\$	(S x days)			
Loss of Income (LOI):	\$	(S x days)			
LOR only ☐ LOU only ☐	LOR + LOU ☐ LOR + LO ☐ [Tick only one]				
GIA/LTA Search	\$				
Medical:	\$				
Disbursement:	\$	(e.g. Tow/ Independent)		1) Claim status: Normal/Reject/Private Settle	
Legal Cost	\$			2) Report Format:	
				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:			

ASS. REC. BY:

REF:

AKA

Kenneth

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

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:

GIA / PR Seen:

Est. Repairs:

Lum Sum:

Consistent? : Yes or No

Consistent? : Yes or No

Res.: Yes or No

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

File pass to

Date/Time, File Pass to?

☐

: Prell. Report

☐

: Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL

Report Format :

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

Veh No:

SKR 94174

Yr Regn:

03, 15

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

Truck / Traller or

Make:

Toy wish

c.c

1798

Colour:

M. Gray

A/C:

Insured / Std / NI / NA

Sp. Reading

57949

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

JT DGC 20W X0 J002326

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rlm / STD / Rlm or

Tyre Size:

F:

R:

195/85R15

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

Front

Rear

R/Bal.

R/Bal.

L/Bal.

L/Bal.

D.O.A.

D.O.I.

7 mm

7 mm

7 mm

7 mm

21/2/19

25/2/19

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.