

15/5/2010

INS. CASE OWNER:

CC6/CTI1900

LKK:

IDAC:

Surveyor:

Adrian

DOI:

ASSIGNMENT

Date / Time :

26/7/10

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

4P 3481U

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II : \$\$

D.O.A. :

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

GWE 659AA



INSRS:

WSP:

Tel :

Liability :

RMKS:

people



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time	STAGE	DATE / PIC
	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)	
	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:	
Repair Cost:	\$\$	(days) Reduction:	%
FINAL SETTLEMENT Date/Time:		Confirm with:	
Final Liability:	%	(Agreed / Assessed) BOLA S/N No. :	
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:	
Payee 1:	\$\$	Name 1:	
Payee 2: (Strike if N.A.)	\$\$	Name 2:	
Payee 3: (Strike if N.A.)	\$\$	Name 3:	

Adrian

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. _____

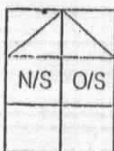
Claims No. _____

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: _____ 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: _____ Vehicle: IN / OUT

Person Contacted: _____

Date / Time _____ Action / Instruction

TP Union

MV :

PV :

Nett :

Veh No: GBE6599A Yr Regn: 2016 1Feb

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

Truck / Trailer or

Make: Toyota Hiace c.c. 2982Colour: Silver A/C: Insured / Std / Nil / NASp.Reading: 59445 T/Radio: Insured / Std / Nil / NA

Eng/No: _____

C/No: JTFH T02 P700190665Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 195R15CR: 195R15C

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

TOYO / YOKO or Candor

Front

Rear

R/Bal. 26 mm R/Bal. 26 mmL/Bal. 26 mm L/Bal. 26 mmD.O.A. _____ D.O.I. 26/02/19Survey held at PeopleDes. of Damages: Frt / Rear / O/S / Nil / UIC / Rooftop or

The UIC / Chassis frame / Body Structure affected due to collision.

Date/Time, File Pass to?

Date/Time, File Return to?

1)

2)

3)

4)

5)

6)

Prel. Report:

Final Report:

Part Prices Check:

IN

OUT

Survey Fee:

Date:

Basic & Add.

S + RS, SI

Photos

Others

TOTAL