

15/5/2010

INS. CASE OWNER:

CC 3/AIG1900

LKK:

IDAC:

Surveyor:

Kinneth.

DOI:

ASSIGNMENT

4/7/10

Date / Time :

4/7/10.

Registered in Merimen:

5/7/10.

Pre-assign / CCU / FTE



Insured Vehicle No. :

SMF 9264K

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :SS

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

5/10/5898



INSRS:

WSP:

Tel :

Liability :

RMKS:

Trans
cab

INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time	STAGE	DATE / PIC
5/10/5898	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:	
	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: Confirm by:		
Repair Cost:	SS (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:	SS	
Loss of Rental (LOR):	SS (days)	
Loss of Use (LOU):	SS (\$ x days)	
Loss of Income (LOI):	SS (\$ x days)	
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LO ☐	[Tick only one]	
GIA/LTA Search	SS	
Medical:	SS	
Disbursement:	SS (e.g. Tow/ Independent)	
Legal Cost	SS	
Total:	SS	Global Sum SS:
FINAL PAYMENT Date/Time: Confirm with: Email ☐ Call ☐		
Payee 1:	SS	Name 1:
Payee 2: (Strike if N.A.)	SS	Name 2:
Payee 3: (Strike if N.A.)	SS	Name 3:

ASS. REC. BY:

REF: *A/G**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. _____

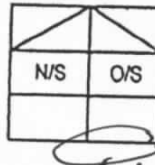
Sum Insured: _____

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: _____

Consistent? : Yes or No

GIA / PR Seen: _____

Consistent? : Yes or No

Est. Repairs: _____

02

days

Res.: Yes or No

Lum Sum: _____

1-B.1

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____

Person Contacted: _____

Vehicle: IN / OUT

Veh No: *S11059898*Yr Regn: *11, 18*

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

Truck / Trailer or

Make: *Toy Pous*

c.c

*1788*Colour: *M.P. White / Red*

A/C:

Insured / Std / NI / NA

Sp. Reading: *47751*

T/Radio:

Insured / Std / NI / NA

Eng/No: _____

C/No: *JTD KB 3FU60 3075699*Gen. Cond: *Good* / Fair / Poor / BurntSteering: *In order* / Jammed / Leaked / Burnt orBrake: *In order* / Jammed / Leaked / Burnt orModl: *NI / S/Rlm / STD / Rlm* or

Tyre Size: F: _____

R: _____

195/65R15

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

TOYO / YOKO or

Front

Rear

R/Bal. *8*

mm

R/Bal. *8*

mm

L/Bal. *8*

mm

L/Bal. *8*

mm

D.O.A. *27/2/19*D.O.I. *4/3/19*

Survey held at _____

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

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

Date / Time

Action / Instruction

*1**File pass to
@ 1974.53*

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trlp: _____

Survey Fee: _____

Transportation: _____

S + RS. SI

Photos

Others

Add Fee: ☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Report Format :

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

TOTAL