

15/5/2010

INS. CASE OWNER:

CC 4 / LPC1900 4452, A 463.

LKK:
IDAC:

Surveyor: Adrian ASSIGNMENT DOI: 11/11/19 Date / Time: 11/12/19
Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : GBB 33228 Claim No. : 18/19/19/105/01503
Name of Insured : _____ Policy No. : _____
Insured Tel No. : _____ HP: _____ Make / Model : _____
Excess Sec II : \$\$ D.O.A : 8/3/19 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

SJN 8919E → → → →



INSRS: _____
WSP: modern
Tel: _____
Liability: _____
RMKS: _____



INSRS: _____
WSP: _____
Tel: _____
Liability: _____
RMKS: _____



INSRS: _____
WSP: _____
Tel: _____
Liability: _____
RMKS: _____



INSRS: _____
WSP: _____
Tel: _____
Liability: _____
RMKS: _____

Date/ Time	STAGE	DATE/ PIC
<u>SJN 8919E - P</u>	Non-Reporting ltr (1st):	
<u>GBB 33228 - F</u>	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"/>
	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 <input type="checkbox"/> Call <input type="checkbox"/>		
FINAL SETTLEMENT Date/Time: _____ Confirm with _____ Email <input type="checkbox"/> Call <input type="checkbox"/>		
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 <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LO <input type="checkbox"/> [Tick only one]		
GLA/LTA Search: \$\$		
Medical: \$\$		
Disbursement: \$\$ (e.g. Tow/ Independent)		
Legal Cost: \$\$		
Total: \$\$ Global Sum \$\$: _____		
FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email <input type="checkbox"/> Call <input type="checkbox"/>		
Payee 1: \$\$ Name 1: _____		
Payee 2: (Strike if N.A.) \$\$ Name 2: _____		
Payee 3: (Strike if N.A.) \$\$ Name 3: _____		

ASS. REC. BY:

REF:

Adrian

ASSIGNMENT

From: _____ Date: _____

Veh No: SJN8919E Yr Regn: 2009, March

Estimated Cost: _____

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

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

Truck / Trailer or

To Inspect Vehicle No: _____

Make: Honda Freed c.c. 1496

at Workshop m/s _____

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

of _____

Sp. Reading 122806 T/Radio: Insured / Std / NI / NA

Insured: _____

Eng/No: _____

Policy No. _____

C/No: GB31033619

Claims No. _____

Gen. Cond: Good / Fair / Poor / Burnt

Sum Insured: _____ Excess: _____

Steering: In order / Jammed / Leaked / Burnt or

(Client's Record)

Brake: In order / Jammed / Leaked / Burnt or

Make of Veh: _____

Modi: Nil / S/Rim / STD A/Rim or

(Policy Condition)

Tyre Size: F: 195/60 R15

R: 195/60 R15

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

N/S	O/S

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

TOYO / YOKO of

Bal. or Market Value: _____

Front _____ Rear _____

IDAC Accident Rport: _____ Consistent? : Yes or No

R/Bal. 06 mm R/Bal. 06 mm

GIA / PR Seen: _____ Consistent? : Yes or No

L/Bal. 06 mm L/Bal. 06 mm

Est. Repairs: _____ days Res.: Yes or No

D.O.A. _____ D.O.I. 11/03/19

Lum Sum: _____ % 3 Val.: Yes or No

Survey held at Modern

CA / REV / REP. / 24 HRS

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

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>TP Loan Pac</u>
	<u>COE Expiry: 02/03/24</u>
	<u>MV: 34K</u>
	<u>PV: 12.7K</u>
	<u>Nett: 21.3K</u>

Date/Time, File Pass to?	Date/Time, File Return to?	Part Prices Check:	Survey Fee:	Date:					
1) _____	2) _____	IN _____	Basic & Add.	<table border="1"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>					
3) _____	4) _____	OUT _____	___ S + RS, ___ SI						
5) _____	6) _____		Photos						
Preli. Report			Others						
Final Report			TOTAL						