

15/5/2010

INS. CASE OWNER:

CC 4 / III 1900

LKK:

IDAC:

Surveyor:

Kennech.

DOI:

ASSIGNMENT

Date / Time:

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

Name of Insured :

Insured Tel No. :

Excess Sec II :\$

Is driver the owner?

(YES / NO)

HP:

D.O.A :

Nature of Accident :

Claim No. :

Policy No. :

Make / Model :

Place 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

SKC 4253p



INSRS:

WSP:

Tel :

Liability :

RMKS:

weil lee



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time		STAGE	DATE / PIC
	SKC 4253p - 4	Non-Reporting ltr (1st):	
	SKC 4253p - 4	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:	☐

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) BOIA 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)	1) Claim status: Normal/Reject/Private Settle	
Legal Cost	\$	2) Report Format:		
Total:		\$	3) Survey fee:	
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: TU /

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: 829k

IDAC Accident Rpt: _____

Consistent? : Yes or No

GIA / PR Seen: _____

Consistent? : Yes or No

Est. Repairs: 09 days

Res.: Yes or No

Lum Sum: 20 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____

Person Contacted: _____

Vehicle: IN / OUT

Date / Time

Action / Instruction

1 File pass to

Date/Time, File Pass to?

☐

Prell. Report

1)

Date/Time, File Return to?

☐

Final Report

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Survey Fee:

Transportation:

\$ + RS. \$

Fixturs

Others

TOTAL

Report Format :

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

Veh No: SKC 4253PYr Regn: 08 11Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Traller or

Make: Toy Altis

c.c

1598Colour: M. P. White

A/C:

Insured / Std / NI / NA

Sp. Reading: 181

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: MRO 53REE 104100495Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModl: NII / S/RIm / STD / RIm orTyre Size: F: 195/65R15

R: _____

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

TOYO / YOKO or

Front

Rear

R/Bal. 4 mmR/Bal. 5 mmL/Bal. 4 mmL/Bal. 5 mmD.O.A. 8/3/19D.O.I. 12/3/19

Survey held at _____

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

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