

INS. CASE OWNER:

CC 3 / AG 1900 5559 / Jfa3

LKK:

IDAC:

Surveyor:

0193

DOI:

ASSIGNMENT

28/12/2019

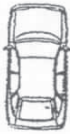
Date / Time :

28/12/19

Registered in Merimen:

28/12/19

Pre-assign / CCU / FTE



Insured Vehicle No. :

SJA 5654Y

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II : \$\$

D.O.A : 26/3/2019

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. :

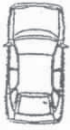
(V/L: YES / NO)

Insured Liability :

%

Final ? Yes / No

SJC 4094S



INSRS:

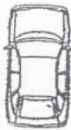
WSP:

Tel :

Liability :

RMKS:

Smp 1. m



INSRS:

WSP:

Tel :

Liability :

RMKS:



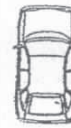
INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

SJC 4094S - AS/TIT 1600 0298 / R196d1 - DOP 11/03/2015
 - CC3/AG 120 22034 / R196d2 - DDA 13/11/2012
 SJA 5654Y - X

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:

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):

\$\$

(\$

x

days)

Loss of Income (LOI):

\$\$

(\$

x

days)

LOR only

LOU only

LOR + LOU

LOR + LOI

[Tick only one]

GIA/LTA Search

\$\$

Medical:

\$\$

Disbursement:

\$\$

(e.g. Tow/ Independent)

Legal Cost

\$\$

1) Claim status: Normal/Reject/Private Settle

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:

Surveyor Hwee Jie

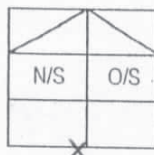
REF: A16

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: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No. SHC 40945 Yr Regn: 12 Dec 2017
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Toyota Prius c.c. 1797
 Colour: maroon A/C: Insured / Std / NI / NA
 Sp. Reading: 120308 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: JTDKB3FU803576173
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Inorder / Jammed / Leaked / Burnt or
 Brake: Inorder / Jammed / Leaked / Burnt or
 Modi: Nil / S/Rim / STD A/Rim or
 Tyre Size: F: 195/65 R15
 R: _____

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

Front		Rear	
R/Bal. <u>6</u>	mm	R/Bal. <u>6</u>	mm
L/Bal. <u>6</u>	mm	L/Bal. <u>6</u>	mm
D.O.A. <u>26/3/19</u>		D.O.I. <u>27/3/19</u>	
Survey held at <u>Sunat</u>			
Des. of Damages: Frt / <u>Rear</u> / O/S / N/S / UIC / Rooftop or			

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

Date / Time	Action / Instruction

03/19/2129

SJQ 5654 Y

Date/Time, File Pass to?

☐ : Preli. 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:

) \$ + PS. SI
) Photos
) Others

Report Format :

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

TOTAL