

CC4/III19006164/Kps3

15/9/2010

INS. CASE OWNER:

CC 4/III1900

LKK:
IDAC:

Surveyor:

KSC

DOI:

ASSIGNMENT

8/4/19

Date / Time:

8/4/19

Registered in Merimen:

8/4/19

Pre-assign / CCU / FTE



Insured Vehicle No. : SHM 78335

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____

HP: _____

Make / Model : _____

Excess Sec II :SS

D.O.A : 4/4/19

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

SLX 874AL

SHM 78335

SMH 1197M



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS: 01



INSRS:

WSP:

Tel :

Liability :

RMKS: TP



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time		STAGE	DATE / PIC
	SMH 1197M - 4	Non-Reporting ltr (1st):	
	SHM 78335 - 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:	☐ ☐
		Post-Repair Photos:	☐ ☐
		Others:	☐ ☐

PRELIMINARY ADVICE Date/Time:		Sent By:		Confirm by:	
Repair Cost: L/sum		SS 5,950.00	(9 days) Reduction: 66 %	Email ☐	Call ☐
FINAL SETTLEMENT Date/Time: 08/10/2021		Confirm with: Dylan		Email ☒	Call ☐
Final Liability:	% 100	(Agreed / Assessed)	BOLA S/N No. : 28	If NO or B 28, Ass. Lia : 0	
Repair Cost:	SS 5,950.00				
Loss of Rental (LOR):	SS 973.70	(7 days)	x \$130.00		
Loss of Use (LOU):	SS	(S x days)			
Loss of Income (LOI):	SS	(S x days)			
LOR only ☒	LOU only ☐	LOR + LOU ☐	LOR + LO ☐	[Tick only one]	
GIA/LTA Search	SS 7.45				
Medical:	SS				
Disbursement:	SS	(e.g. Tow/ Independent)			
Legal Cost	SS				
Total:		SS 6,931.15	Global Sum SS: 6,860.00		
FINAL PAYMENT Date/Time:		Confirm with:		Email ☒	Call ☐
Payee 1:	SS 6,860.00	Name 1:	Autoworx House		
Payee 2: (Strike if N.A.)	SS	Name 2:			
Payee 3: (Strike if N.A.)	SS	Name 3:			

ASS. REC. BY:

REF:

TH /

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:

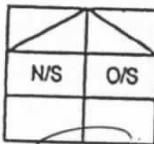
Excess:

(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:

1-31 days

Res.: Yes or No

Lum Sum:

3-6 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

1. File pass to

Veh No:

SMH1187m Yr Regn: 0215

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

Truck / Traller or

Make:

Toyota Pervia c.c 2362

Colour:

M. Gray A/C: Insured / Std / NI / NA

Sp. Reading

34868 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

JTEGD54M70A048868

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: NII / S/Rlm / STD / A/Rlm or

Tyre Size:

F: 215/55R17

R:

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.

4/4/19

D.O.I.

8/4/19

Survey held at

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

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

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S + RS. \$

Photos

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Report Format :

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