

INS. CASE OWNER:

CC 4, 11 1900 6506, Ufa3

LKK:

IDAC:

Surveyor:

bryan

DOI:

ASSIGNMENT

11/4/19

Date / Time :

11/4/19
11/4/19

Registered in Merimen:

Pre-assign / CCU / FTE

SH9013L



Insured Vehicle No. :

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :SS

D.O.A :

9/4/2019

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

SHA 9180 D



INSRS:

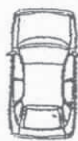
WSP:

Tel :

Liability :

RMKS:

chunm



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

SHA 9180 D - CS/Pu 1 70 23 45 4 / 12 6 2 7 ; 06 4 : 29 / 11 / 19
- CS/Pu 1 70 19 5 2 4 / 12 6 3 4 2 ; 06 4 : 11 / 10 / 19
SH9013L - CS/Pu 1 13 01 9 5 4 / 12 6 6 1 ; 06 4 : 14 / 10 / 19

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:

S\$

(

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:

S\$

Loss of Rental (LOR):

S\$

(

days)

Loss of Use (LOU):

S\$

(\$ x days)

Loss of Income (LOI):

S\$

(\$ x days)

LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]

GIA/LTA Search

S\$

Medical:

S\$

Disbursement:

S\$

(e.g. Tow/ Independent)

Legal Cost

S\$

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

Total:

S\$

Global Sum S\$:

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☐ Call ☐

Payee 1:

S\$

Name 1:

Payee 2: (Strike if N.A.)

S\$

Name 2:

Payee 3: (Strike if N.A.)

S\$

Name 3:

03/11/14

Surveyor

REF:

ASSIGNMENT

CBE 2020 April

April, 2012

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:

6 days

Res.: Yes or No

Lum Sum:

20 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SHA 9180D

Yr Regn:

April, 2012

Type: M.Car / M.Cycle / Bus / Van / Lorry

Taxi / Prime Mover /

Truck / Trailer or

Make:

Mercedes Benz E220

G.C 2143

Colour

White

A/C: Insured / Std / NI / NA

Sp. Reading

1063521

T/Radio: Insured / Std / NI / NA

Eng/No:

65192431506971

C/No:

WDD2120022A675645

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

205/60 R16

R:

11

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

TOYO / YOKO or

Westlake

Front

S

mm

Rear

R/Bal.

S

mm

R/Bal.

S

mm

L/Bal.

S

mm

D.O.A.

09/04/2019

D.O.I.

11/04/2019

Survey held at

Chunni TMK

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

0/3 Front

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

Date / Time

Action / Instruction

TH SH 9013L

Vehicle balance 1 yr at time of loss.

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

: S + RS, SI

: Photos

: Others

TOTAL

Report Format :

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