

15/5/2010

INS. CASE OWNER:

CC 4 /AIG1900

6552, Ajb3

LKK:  
IDAC:

Surveyor:

Adnan

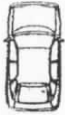
DOI:

ASSIGNMENT

Date / Time :

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

SKS 6915R

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II : \$\$

D.O.A :

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

SKA 7901T



INSRS:

WSP:

Tel :

Liability :

RMKS:

private  
auto.

INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

| Date/ Time                                                                                                                                               | STAGE                              | DATE / PIC                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------------------------|
| SKA 7901T - 11/11/19 00:00:00 / 11/11/19                                                                                                                 | Non-Reporting ltr (1st):           |                                                              |
| SKS 6915R - 11/11/19 00:00:00 / 11/11/19                                                                                                                 | Non-Reporting ltr (2nd):           |                                                              |
|                                                                                                                                                          | Non-Reporting ltr (Final):         |                                                              |
|                                                                                                                                                          | Notification ltr (if non-pickup):  |                                                              |
|                                                                                                                                                          | Call OI:                           |                                                              |
|                                                                                                                                                          | After call ltr to OI:              |                                                              |
|                                                                                                                                                          | <b>Documentation Check List:</b>   | <b>Handler</b> <b>Typist</b>                                 |
|                                                                                                                                                          | 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"/>            |
| <b>PRELIMINARY ADVICE</b> Date/Time:                                                                                                                     | Sent By:                           |                                                              |
| <b>FINALIZATION</b> Date/Time:                                                                                                                           | Confirm with:                      | Confirm by:                                                  |
| Repair Cost: \$                                                                                                                                          | ( days) Reduction: %               | Email <input type="checkbox"/> Call <input type="checkbox"/> |
| <b>FINAL SETTLEMENT</b> 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] |                                    |                                                              |
| GIA/LTA Search                                                                                                                                           | \$                                 |                                                              |
| Medical:                                                                                                                                                 | \$                                 |                                                              |
| Disbursement:                                                                                                                                            | \$ (e.g. Tow/ Independent )        |                                                              |
| Legal Cost                                                                                                                                               | \$                                 |                                                              |
| <b>Total:</b>                                                                                                                                            | <b>\$</b>                          | <b>Global Sum \$:</b>                                        |
| <b>FINAL PAYMENT</b> 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:                                                      |

(08/11/14)

REF: AIG

Surveyor

## ASSIGNMENT

From: Date: 12/4/2019

Estimated Cost:

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

To Inspect Vehicle No: SKA 7901T

at Workshop m/s precise auto

of 11caki Bukit Ane 6 # 02-33

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.

|     |     |
|-----|-----|
|     |     |
| N/S | O/S |
|     |     |

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 <sup>1up</sup>

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SKA 7901T. Yr Regn: 2011, April

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

Truck / Trailer or

Make: Toyota Altis c.c 1598

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

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

Eng/No:

C/No: MRO53REE10419142

Gen. Cond: ☒ Good / Fair / Poor / BurntSteering: ☒ Inorder / Jammed / Leaked / Burnt orBrake: ☒ Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195/65R15

R: 195/65R15.

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

TOYO / YOKO or

Front

Rear

R/Bal. 06 mm

R/Bal. 06 mm

L/Bal. 06 mm

L/Bal. 06 mm

D.O.A.

D.O.I. 12/04/19.

Survey held at

Precise

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 Action / Instruction

TP AIG. Total Loss.???

MV : 20K  
 PV : 16.2K  
 Net: 13.8K

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:

\$ + RS. \$

Photos

Others

TOTAL

Report Format :

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