

15/9/2010

INS. CASE OWNER:

CC 4/EQ11900 7170, Uplb

LKK:
IDAC:

Surveyor: mmms.

DOI: ASSIGNMENT
W/19

Date / Time: 14/19

Registered in Merimen: ---

Pre-assign / CCU / FTE



Insured Vehicle No. : SVB 3032
Name of Insured : _____
Insured Tel No. : _____ HP: _____

Claim No. : _____

Policy No. : _____

Make / Model : _____

Excess Sec II : \$\$ D.O.A : W/19

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. : (VL: YES / NO)

Insured Liability : % Final ? Yes / No

FS 5577L



INSRS: ATI M.
WSP: performance
Tel : _____
Liability : _____
RMKS: _____



INSRS:
WSP:
Tel : _____
Liability : _____
RMKS: _____



INSRS:
WSP:
Tel : _____
Liability : _____
RMKS: _____



INSRS:
WSP:
Tel : _____
Liability : _____
RMKS: _____

Date/ Time	STAGE	DATE / PIC
<u>FS 5577L - 4</u>	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)	<input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/>
	PIR:	<input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/>
	LOD	<input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/>
	Others:	<input type="checkbox"/>

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) BOLA S/N No. : _____ If NO or B 28. Ass. Lia : _____

Repair Cost: \$\$

Loss of Rental (LOR): \$\$ (_____ days)

Loss of Use (LOU): \$\$ (S x _____ days)

Loss of Income (LOI): \$\$ (S x _____ days)

LOR only LOU only LOR + LOU LOR + LO [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: _____

ASSIGNMENT

From: _____ Date: 24.4.2019
 Estimated Cost: _____
 OD TP WS TP RES OD RES EVA INV MV
 To Inspect Vehicle No: Fs 5573L
 at Workshop m/s AHM Performance
 of BK1 Kaki Bukit Ave 6 # 0246
 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: 2500
 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 awp 5/9/2020
 Date: _____ Person Contacted: _____
 Vehicle: IN / OUT

Veh No: F5573T Yr Regn: 990
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or
 Make: Honda RVF400c 399
 Colour: Black A/C: Insured / Std / NI / NA
 Sp. Reading: 37029 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: NC 351102878
 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: 120 / 60 2R17
 R: 160 / 60 2R17
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU PIR / SUMI / TOYO / YOKO or
 Front R/Bal. 5 mm Rear R/Bal. 5 mm
 L/Bal. _____ mm L/Bal. _____ mm
 D.O.A. 21/3/19 D.O.I. 24/4/19
 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	Action / Instruction
<u>29/4/19</u>	<u>TOTAL LOSS 1yr 5mth</u>
	<u>MA 284</u>
	<u>agree MV @ 2500 TOTAL LOSS</u>
	<u>netf 2216 direct urgent</u>

Date/Time, File Pass to? : Preli. Report : Final Report

1) _____

Date/Time, File Return to? _____

2) _____

Report Format : _____

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

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: : Site Insp (\$) _____) : S + RS, SI _____

: Interview (\$) _____) : Photos _____

: Tech. Invs (\$) _____) : Others _____

: Weekend (\$) _____) _____

TOTAL _____