

15/5/2010

INS. CASE OWNER:

CC 4/LPC1900

7118, Aph3.

LKK:

IDAC:

Surveyor:

Adrian

DOI:

ASSIGNMENT

24/4/19

Date / Time:

24/4/19

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

YK 7952C

Claim No. :

18/19/19/105/01554

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :\$S

D.O.A :

16/3/19

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

Sfy 7113m



INSRS:

WSP:

Tel :

Liability :

RMKS:

SM
9pram

INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time	STAGE	DATE / PIC
Sfy 7113m - P	Non-Reporting ltr (1st):	
YK 7952C - P	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:
Repair Cost:	\$S	(days) Reduction: %
		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time:	Confirm with:
Final Liability:	%	(Agreed / Assessed) BOLA S/N No. :
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 + LO ☐		[Tick only one]
GIA/LTA Search	\$S	
Medical:	\$S	
Disbursement:	\$S	(e.g. Tow/ Independent)
Legal Cost	\$S	
Total:	\$S	Global Sum \$S:
FINAL PAYMENT	Date/Time:	Confirm with:
Payee 1:	\$S	Name 1:
Payee 2: (Strike if N.A.)	\$S	Name 2:
Payee 3: (Strike if N.A.)	\$S	Name 3:

ASS. REC. BY:

REF:

Adrian

ASSIGNMENT

11/11/09.

2009 / Nov

From:

Date:

Veh No:

STY3113M

Yr Regn:

Estimated Cost:

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

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

Truck / Trailer or

To Inspect Vehicle No:

Make:

And: AP.

C.C.

1984

at Workshop m/s

Colour:

Black.

A/C:

Insured / Std / NI / NA

of

Sp. Reading

191935.

T/Radio: Insured / Std / NI / NA

Insured:

Eng/No:

Policy No.

C/No:

WAU2228K0AA055080

Claims No.

Gen. Cond: Good / Fair / Poor / Burnt

Sum Insured:

Excess:

Steering: Inorder / Jammed / Leaked / Burnt or

(Client's Record)

Brake: Inorder / Jammed / Leaked / Burnt or

Make of Veh:

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

(Policy Condition)

Tyre Size: F:

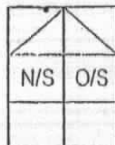
245/35 R19.

R:

245/35 R19.

Remark: The veh had commenced its

repair at the time of inspection.

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

TOYO / YOKO or

Bal. or Market Value:

Front

Rear

IDAC Accident Rpt:

Consistent? : Yes or No

R/Bal.

06

mm

R/Bal.

06

mm

GIA / PR Seen:

Consistent? : Yes or No

L/Bal.

06

mm

L/Bal.

06

mm

Est. Repairs:

days

Res.:

Yes or No

D.O.A.

D.O.I.

24/04/19

Lum Sum:

%

3 Val.:

Yes or No

Survey held at

SM Spray Painting.

CA / REV / REP. / 24 HRS

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

Date:

Person Contacted:

Vehicle: IN / OUT

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

Date / Time

Action / Instruction

TP Lon Pac.

MV: 26.5K

PV: 22.5K

Nett: 4K

Date/Time, File Pass to?

Date/Time, File Return to?

Part Prices Check:

Survey Fee:

Date:

1)

2)

IN

OUT

Basic & Add.

S + RS, SI

Photos

Others

TOTAL

Prel. Report:

Final Report: