

15/5/2010

INS. CASE OWNER:

Winnie

CC 4 AXA1900

7726, A job.

LKK:

IDAC:

Surveyor:

WMP

DOI:

ASSIGNMENT

1/4/10

Date / Time :

15/5/10

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

GBG 42908

Claim No. :

SQM01102/112616

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :\$S

D.O.A :

1/4/10

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

SDP 199113



INSRS:

WSP:

Tel :

Liability :

RMKS:

CAS
Garage

INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

SDP 199113 - 2

GBG 42908 - 2

+SMW&Harm

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:

☐☐

PRELIMINARY ADVICE Date/Time:

Sent By:

Post-Repair Photos:

☐☐

Others:

☐☐

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 + LO ☐

[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:

Surveyor

ASSIGNMENT

Weekend Car

From:

Date: 3/5/2019

Estimated Cost:

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

To Inspect Vehicle No:

SDP1991B

at Workshop m/s

CAS Garage

of 11kaki Bkt Ave 6 # 02-22 Autobay

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

After lunch

(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

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SDP1991B.

Yr Regn:

2018 July

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

Truck / Trailer or

Make:

Hyundai Elantra

C.C 1591

Colour

Red.

A/C: Insured / Std / NI / NA

Sp. Reading

9328

T/Radio: Insured / Std / NI / NA

Eng/No:

KM14D841CMJ4727988

C/No:

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: 195/65R15

R: 195/65R15

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

TOYO / YOKO or

Nexen

Front

Rear

R/Bal.

06 mm

R/Bal.

06 mm

L/Bal.

06 mm

L/Bal.

06 mm

D.O.A.

D.O.I.

03/05/19

Survey held at

CAS Garage

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

Front o/s.

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

Date / Time

Action / Instruction

TP AXA.

MV: 70 - 17k ± 53k

RV: 21.9k.

Nett: 31.1k.

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

\$ + RS. \$

Photos

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Report Format :

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