

15/5/2010

INS. CASE OWNER:

CC 6 /AIG1900

LKK:

IDAC:

Surveyor:

Adrian

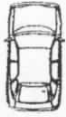
DOI:

ASSIGNMENT

Date / Time:

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

SJC 5088E

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

SJD 5088E



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time	STAGE	DATE / PIC
SJD 5088E - 4	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: \$	(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): \$	(\$ x days)	
Loss of Income (LOI): \$	(\$ x days)	
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LO ☐	[Tick only one]	
GIA/LTA Search	\$	
Medical:	\$	
Disbursement:	(e.g. Tow/ Independent)	1) Claim status: Normal/Reject/Private Settle
Legal Cost	\$	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:

ASS. REC. BY:

REF:

Adrian

ASSIGNMENT

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:

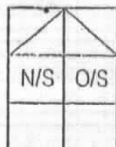
Excess:

(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:

days

Res.:

Yes or No

Lum Sum:

%

3 Val.:

Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No: 56D5071H Yr Regn: 2006 FebType: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

Toyota Vios

C.C.

1487

Colour:

Red

A/C: Insured / Std / NI / NA

Sp. Reading

250620

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

MR053HY4204172006Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim or

Tyre Size: F:

175/65R14

R:

175/65R14

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.

30/04/19

Survey held at

Kang

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

Rear N/S

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

Date / Time

Action / Instruction

TP AIG.COE Expiry: 19/02/21MV: 13KPV: 9.7KNett: 3.3K

Date/Time, File Pass to?

Date/Time, File Return to?

Part Prices Check:

IN

OUT

Survey Fee:

Date:

Basic & Add.

___ S + RS, ___ SI

Photos

Others

TOTAL

1)

2)

3)

4)

5)

6)

Prel. Report:

Final Report: