

Surveyor:

Amk

DOI:

ASSIGNMENT

8/1/19

Date / Time:

8/1/19

Registered in Merimen:

Pre-assign / CCU / FTE

Sum 246 X



Insured Vehicle No.:

Claim No.:

Name of Insured:

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II : \$5

D.O.A.:

7/1/19

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.:

(V/L: YES / NO)

Insured Liability: %

Final ? Yes / No

SHC 6086 C



INSRS:

WSP:

Tel:

Liability:

RMKS:

Premier



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

SHC 6086 C - 28/11/2013 13306 / 2013 7/1/19
Sum 246 X - X

STAGE

DATE / PIC

Non-Reporting ltr (1st):

Non-Reporting ltr (2nd):

Non-Reporting ltr (Final):

Notification ltr (if non-pickup):

Call CE:

After call ltr to CE:

Documentation Check List: Handler Typist

Notification ltr (if non-pickup)

After call ltr to CE:

Authorization 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:

Confirm by:

Repair Cost:

\$5

(

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:

\$5

Loss of Rental (LOR):

\$5

(

days)

Loss of Use (LOU):

\$5

(\$ x days)

Loss of Income (LOI):

\$5

(\$ x days)

LOR only ☐ LOU only ☐LOR + LOU ☐LOR + LOI ☐

[Tick only one]

JIA/LTA Search

\$5

Medical:

\$5

Disbursement:

\$5

(e.g. Tow/ Independent)

Legal Cost

\$5

Total:

\$5

Global Sum \$5:

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

\$5

Name 1:

Payee 2: (Strike if N.A.)

\$5

Name 2:

Payee 3: (Strike if N.A.)

\$5

Name 3:

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

Surveyor: Kalvin

REF: _____

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / INS / TP RES / OD RES / EVA / INV / MV

To Insured 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.

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Report: _____ 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: SHC 6086C Yr Regt: 26 214

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

Truck / Trailer or

Make: KIA optima cc 1685Colour: Silver A/C: Ins / Std / NI / NASp. Reading: 400525 T/Radio: Ins / Std / NI / NA

Eng/No: _____

C/No: KNAH M414 ME 546220Gen. Cond: Good / 5 / Poor / BurntSteering: In order / Jammed / Leaked / Burnt or OK

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205/65R16

R: _____

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

TOYO / YOKO or Maxxis

Front

Rear

R/Bal. 7 mm R/Bal. 7 mmL/Bal. 7 mm L/Bal. 7 mmD.O.A. 7/5/19 D.O.I. 8/5/19Survey held at Premier

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

O/S Front

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

Date / Time Action / Instruction

15/5/19 Insured u/s \$2600 / 4 days.

CT2

Date/Time, File Pass to?

☐ : Prel. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Report Format:

Lump Sum / S.B. /

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$☐ : Interview (\$☐ : Tech. Invs (\$☐ : Weekend (\$

Survey Fee:

Transportation:

S + RS \$

Photos

Charts

TOTAL