

15/9/2010

INS. CASE OWNER:

Peter

CC 4/AXA1900

8286, 11/06/10

LKK:
IDAC:

Surveyor:

mhrms

DOI:

ASSIGNMENT

11/06/10

Date / Time :

10/06/10

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

SML 915

Claim No. :

8100000000 / 115061

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II : \$

D.O.A. :

9/0/10

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

SKR 7175H

INSRS:
WSP:
Tel :
Liability :
RMKS:

Fastidh

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

Date/ Time

SKR 7175H - k

SML 915 - k

STAGE

DATE / PIC

- 01 may changed car plate number / ??

gmnv claim

- 01 NR

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:

Post-Repair Photos:

Others:

PRELIMINARY ADVICE Date/Time:

Sent 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):

\$

(\$

(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)

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:

(08/11/13) Wef

ASS. REC. BY: marcus

REF:

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspct 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:

GIA / PR Seen:

Est. Repairs:

Lum Sum:

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Date / Time Action / Instruction

have video of folder

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

Report Format :

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

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:

Site Insp (\$)

Interview (\$)

Tech. Invs (\$)

Weekend (\$)

S + RS, SI

Photos

Others

TOTAL

Veh No:

Yr Regn:

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

Truck / Trailer or

Make:

Colour:

Sp. Reading:

Eng/No:

C/No:

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or

Front

R/Bal.

L/Bal.

D.O.A.

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.

Preli. Report

Final Report

Add Fee:

Site Insp (\$)

Interview (\$)

Tech. Invs (\$)

Weekend (\$)

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL