

INS. CASE OWNER:

CC 4 / AIG1900 9183, E p63

LKK:
IDAC:

Surveyor: STVB

DOI: ASSIGNMENT 24/5/19

Date / Time: 24/5/19

Registered in Merimen: 24/5/19

Pre-assign / CCU / FTE



Insured Vehicle No. : SJT 7705B
Name of Insured : _____
Insured Tel No. : _____ HP: _____
Excess Sec II :SS D.O.A : 24/5/19
Is driver the owner? (YES / NO) Nature of Accident : _____

Claim No. : _____
Policy No. : _____
Make / Model : _____
Place 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

SLC 1493x



INSRS: Teamwork
WSP:
Tel:
Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS:

Date/Time	STAGE	DATE / PIC
<u>SLC 1493x</u>	Non-Reporting ltr (1st):	
<u>SJT 7705B</u>	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)	<input type="checkbox"/> <input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/> <input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/> <input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/> <input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
	Towing Invoice:	<input type="checkbox"/> <input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/> <input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
	PIR:	<input type="checkbox"/> <input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
	LOD	<input type="checkbox"/> <input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
	Others:	<input type="checkbox"/> <input type="checkbox"/>
PRELIMINARY ADVICE Date/Time: _____ Sent By: _____		
FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____		
Repair Cost: \$S\$ (_____ days) Reduction: _____ % Email <input type="checkbox"/> Call <input type="checkbox"/>		
FINAL SETTLEMENT Date/Time: _____ Confirm with _____ Email <input type="checkbox"/> Call <input type="checkbox"/>		
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 <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LO <input type="checkbox"/> [Tick only one]		
GIA/LTA Search \$S\$		
Medical: \$S\$		
Disbursement: \$S\$ (e.g. Tow/ Independent)	1) Claim status: Normal/Reject/Private Settle	
Legal Cost \$S\$	2) Report Format: _____	
Total: \$S\$ Global Sum \$S\$:	3) Survey fee: _____	
FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email <input type="checkbox"/> Call <input type="checkbox"/>		
Payee 1: \$S\$ Name 1: _____		
Payee 2: (Strike if N.A.) \$S\$ Name 2: _____		
Payee 3: (Strike if N.A.) \$S\$ Name 3: _____		

ASSIGNMENT

From _____ Date: _____
 Estimated Cost _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspoct Vehicle No: _____
 at Workshop no: _____
 of _____
 Insured _____
 Policy No _____
 Claims No _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

Veh No **SLC 1493X** Vi Regn. **3/5/16**
 Type: **Car** / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: **Honda HRV** C.C. **1496**
 Colour **HRV Black** A/C Insured / Std / Nil / N/
 Sp.Reading **104313** T/Ratio: Insured / Std / Nil / N.
 Eng/No: _____
 C/No: **MR HRV 1830 G-P099950**
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: **Inorder** / Jammed / Leaked / Burnt or
 Brake: **Inorder** / Jammed / Leaked / Burnt or
 Modi: Nil / **SRIn** / STD A/RIm or _____

(Policy Condition)
 Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S
X	X

Tyre Size: F: **215/55R17**
 R: **1**
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or **Falken**

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

Front _____ Rear _____
 R/Bal. **6** mm R/Bal. **6** mm
 L/Bal. **6** mm L/Bal. **6** mm
 D.O.A. **22/5/19** D.O.I. **24/5/19**
 Survey held at **Team work**

CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Des. of Damages: Frl **Rear** O/S / N/S / UIC / Rooftop or
 The UIC / Chassis frame / Body Structure affected due to collision

Date / Time Action / Instruction
MV- 70K

Date/Time, File Pass to? : Prell. Report
 : Final Report
 Date/Time, File Return to?
 Report Format :
 Lump Sum / I.B.V. (\$) :

Days Of Repair:
 Resurvey No. of Trip:
 Add Fee: : Site Insp (\$)
 : Interview (\$)
 : Tech Invs (\$)
 : Weekend (\$) :

Survey Fee:

Transportation	
1) S + R + G	
2) Photos	
3) Labor	
4) ...	