

15/05/2010

INS. CASE OWNER:

CC 6/CTI1900 9614, Afbh.

LKK:

IDAC:

Surveyor:

Adrian

DOI:

ASSIGNMENT

20/5/10

Date / Time:

20/5/10.

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

SLX 4650D

Claim No.:

Name of Insured:

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II :\$S

D.O.A:

20/5/10.

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

GEP 6495K



INSRS:

WSP:

Tel:

Liability:

RMKS:

WHT.



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time	STAGE	DATE / PIC	
GEP 6495K - WHT / MSB 1900 6495K / 14/4/10 SLX 4650D - K	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-Report Photos:	
FINALIZATION Date/Time:	Confirm with:	Others:	
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		1) Claim status: Normal/Reject/Private Settle	
Disbursement: \$S	(e.g. Tow/ Independent)	2) Report Format:	
Legal Cost \$S		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:		

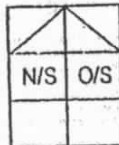
Adrian

ASSIGNMENT

Int: _____ Date: _____
Estimated Cost: _____
/ TF / WS / TP RES / OD RES / EVA / INV / MV
Inspect Vehicle No: _____
Workshop m/s _____
_____ Insured _____
Policy No. _____
Claims No. _____
Insured: _____ Excess: _____
(Client's Record)
Make of Veh: _____

(Police Condition)

Remark: The veh had commenced its repair at the time of inspection.



Val. or Market Value: _____
DAC Accident Report: _____ Consistent? : Yes or No
SIA / IPR Seen: _____ Consistent? : Yes or No
Est. Repairs: _____ days Res.: Yes or No
Sum Sum: _____ % 3 Val.: Yes or No
CA / REV / REP. / 24 HRS

Date: _____ Vehicle: IN / OUT
Person Contacted: _____

Veh No: GBF649SK Yr Regn: 2017 / Feb.
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Nissan NV350 c.c 2488

Colour Grey A/C: Insured / Std / NI / NA

Sp.Reading 92271 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: TN1MC2E26Z0007636

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 R15C

R: 195 R15C

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

Front

R/Bal. 06 mm

L/Bal. 06 mm

D.O.A. _____

Survey held at: NHT

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

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

Rear

R/Bal. 06 mm

L/Bal. 06 mm

D.O.I. 30/05/19

Date / Time Action / Instruction

TP check

MV:

PV:

Nett:

Date/Time, File Pass to?

Date/Time, File Return to?

Part Prices Check:

IN

OUT

Survey Fee:

Basic & Add.

S + RS, SI

Photos

Others

TOTAL

Date:

Preli. Report:

Final Report: