

INS. CASE OWNER:

CC 4 /LPC1900 10011, Aeb.

| LKK:

IDAC:

Surveyor:

DOI:

Date / Time :

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.

Name of Insured

Insured Tel No.

HP:

Excess Sec II :S\$

D.O.A :

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
100	Yes
90	Yes
80	Yes
70	Yes
60	Yes
50	Yes
40	Yes
30	Yes
20	Yes
10	Yes
0	Yes

GBC 4039



INSRS:

WSP:

Tel :

RMKS:



INSRS:

WSP:

Tel :

RMKS:



INSRS:

WSP:

Tel :

RMKS:



INSRS:

WSP:

Tel :

RMKS:

Date/ Time			STAGE	DATE / PIC
	GPR KONG -*	GPR NNN -*	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:	\$S	(days) Reduction:	%	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time:	Confirm with	Email ☐ Cal ☐	
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			
Disbursement:	\$S	(e.g. Tow/ Independent)		
Legal Cost	\$S			
Total:	\$S	Global Sum \$S:		
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Cal ☐	
Payee 1:	\$S	Name 1:		
Payee 2: (Strike if N.A.)	\$S	Name 2:		
Payee 3: (Strike if N.A.)	\$S	Name 3:		

ASS. REC. BY:

REF:

LPC

ASSIGNMENT

From:

Date:

10/6/2019

Veh No:

GBC403G

Yr Regn: 2011 / Jan.

Estimated Cost:

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

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

Truck / Trailer or

To Inspect Vehicle No:

GBC 403G

Make:

Fiat Doblo

C.C 1598

at Workshop m/s

96 Motorsports

Colour

Yellow

A/C: Insured / Std / NI / NA

of

62/64 Kaki Bukit Ave 6

Sp. Reading

221789

T/Radio: Insured / Std / NI / NA

Insured:

Eng/No:

Policy No.

C/No:

ZFA26300009062355

Claims No.

Gen. Cond: Good Fair / Poor / Burnt

Sum Insured:

Excess:

Steering: In order / Jammed / Leaked / Burnt or

(Client's Record)

Brake: In order / Jammed / Leaked / Burnt or

Make of Veh:

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

(Policy Condition)

Tyre Size:

F: 205/60R16

R: 205/60R16

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

N/S	O/S

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

Bal. or Market Value:

Front

Rear

IDAC Accident Rpt:

Consistent? : Yes or No

R/Bal.

06

mm

R/Bal.

06

mm

GIA / PR Seen:

Consistent? : Yes or No

L/Bal.

06

mm

L/Bal.

06

mm

Est. Repairs:

days

Res.: Yes or No

D.O.A.

D.O.I.

10/06/19

Lum Sum:

%

3 Val.: Yes or No

Survey held at

96 Motorsport

CA / REV / REP. / 24 HRS

up

Vehicle: IN / OUT

Date:

Person Contacted:

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

Date / Time

Action / Instruction

TP Con Pae.

MV : 12K

PV : 5.8K

Nett: 6.2K

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Photos

Others

TOTAL

Report Format :

Lump Sum / I.B.E (\$

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Week-end (\$