

15/5/2010

INS. CASE OWNER:

CC 4/AIG1901

1592, B2db3.

LKK:

IDAC:

Surveyor:

Kasul

DOI:

ASSIGNMENT

1/3/19.

Date / Time:

28/6/19.

Registered in Merimen:

1/3/19.

Pre-assign / CCU / FTE

XE 853U.



Insured Vehicle No. : _____

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____

HP:

Make / Model : _____

Excess Sec II : \$

D.O.A :

w/4/19.

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

XE 3807J.



INSRS:

WSP:

Tel :

Liability :

RMKS:

Kydor.



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date / Time	STAGE	DATE / PIC
	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	\$	
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: _____

ASS. REC. BY:

REF:

ALG

1580L

ASSIGNMENT

From:

Date:

1/7/2019

Estimated Cost:

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

To Inspect Vehicle No: XE3807J

at Workshop m/s

Ryder

of

No. 53 Pioneer Road

67418277

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

1/7/2019 2pm

(Policy Condition)

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

N/S	O/S

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

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No:

XE 3807J

Yr Regn: 2017 / PL

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

☒ Truck / Trailer or

Make:

UD TRUCKS GK B56LDMT.c 10837

Colour:

BLUE

A/C: Insured / Std / NI / NA

Sp. Reading

100950

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

JN CMIFIA3Juo26685

Gen. Cond: Good / Fair / Poor / Burnt

Steering: ☒ In order / Jammed / Leaked / Burnt orBrake: ☒ In order / Jammed / Leaked / Burnt orModi: ☒ Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

295/80R22.5

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

8

mm

R/Bal.

8/8

mm

L/Bal.

8

mm

L/Bal.

8/8

mm

D.O.A.

11/03/19

D.O.I.

01/07/19

Survey held at

53, PIONEER RD

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

O/S FR

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

Date / Time

Action / Instruction

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:

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$

S + RS, SI

Photos

Others

TOTAL

Report Format :

Lump Sum / I.E.I. (\$