

15/5/2010

INS. CASE OWNER:

CC 6/III1901 217, Kmb3

LKK:

IDAC:

Surveyor:

Kenneth

DOI:

ASSIGNMENT

8/8/19

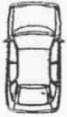
Date / Time :

8/8/19

Registered in Merimen:

9/8/19

Pre-assign / CCU / FTE



Insured Vehicle No. :

SHA 7734U

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II : \$

D.O.A :

7/8/19

Place of Accident :

Is driver the owner?

(YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

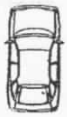
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability :

%

Final ? Yes / No

SLM 15552



INSRS:

WSP:

Tel :

Liability :

RMKS:

Hui Yang



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time		STAGE	DATE / PIC
	SLM 15552 - Nk (16.9006184) / 13 2019: 9/8/19	Non-Reporting ltr (1st):	
	SHA 7734U - X	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:	\$	(days) Reduction:	% Email ☐ Call ☐

FINAL SETTLEMENT	Date/Time:	Confirm with	Email ☐ Call ☐
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Final Liability:	%	(Agreed / Assessed) BOLA S/N No. :	If NO or B 28, Ass. Lia :
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Repair Cost:	\$		
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Loss of Rental (LOR):	\$	(days)	
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Loss of Use (LOU):	\$	(\$ x days)	
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Loss of Income (LOI):	\$	(\$ x days)	
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LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LO ☐ [Tick only one]			
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GIA/LTA Search	\$		
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Medical:	\$		1) Claim status: Normal/Reject/Private Settle
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Disbursement:	\$	(e.g. Tow/ Independent)	2) Report Format:
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Legal Cost	\$		3) Survey fee:
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Total:	\$	Global Sum \$:	
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FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
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Payee 1:	\$	Name 1:	
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Payee 2: (Strike if N.A.)	\$	Name 2:	
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Payee 3: (Strike if N.A.)	\$	Name 3:	
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ASS. REC. BY:

REF: TU /Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Hui Yang

of _____

Insured: _____

Policy No. _____

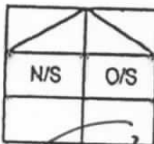
Claims No. _____

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: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 05 days Res.: Yes or NoLum Sum: 26 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SLM 15558 Yr Regn: 03, 17Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Traller or _____

Make: Honda Wave c.c. 1496Colour: M. Grey A/C: Insured / Std / NI / NASp. Reading: 149800 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: Rui 1210732Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModl: NII / S/Rim / STD / RIM orTyre Size: F: 215/60R16

R: _____

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

TOYO / YOKO or _____

Front _____ Rear _____

R/Bal. 2 mm R/Bal. 2 mmL/Bal. 2 mm L/Bal. 2 mmD.O.A. 7/7/19 D.O.I. 8/7/19

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.

Date / Time Action / Instruction

1) File pass to
GIA not ready.

Date/Time, File Pass to?

☐ : Prell. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

S + RS. SI

Photos

Others

TOTAL

Report Format :

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

Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech Invs (\$ _____)☐ : Weekend (\$ _____)