

15/5/2010

INS. CASE OWNER:

CC 6 /AIG1901 7559, A 463

LKK:

IDAC:

Surveyor:

Adnan

DOI:

ASSIGNMENT

18/9

Date / Time :

18/9

Registered in Merimen:

18/9

Pre-assign / CCU / FTE



Insured Vehicle No. :

SGA 4988

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :\$

D.O.A :

27/11/19

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

SJT 69752



INSRS:

WSP:

Tel :

Liability :

RMKS:

Mh

solution



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time	STAGE	DATE / PIC
SJT 69752 - X	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: \$	(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)	1) Claim status: Normal/Reject/Private Settle
Legal Cost	\$	2) Report Format:
		3) Survey fee:
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:

Adrian

ASSIGNMENT

27/10/09.

From: _____ Date: _____

Veh No: SJT6952 Yr Regn: 2009 / Oct

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: _____

Make: Mercedes Benz CLC180k C.C. 1796

at Workshop m/s _____

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

of _____

Sp. Reading 143535 T/Radio: Insured / Std / NI / NA

Insured: _____

Eng/No: _____

Policy No. _____

C/No: WDB2037462E071531

Claims No. _____

Gen. Cond: Good / Fair / Poor / Burnt

Sum Insured: _____ Excess: _____

Steering: In order / Jammed / Leaked / Burnt or

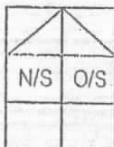
(Client's Record)

Brake: In order / Jammed / Leaked / Burnt or

Make of Veh: _____

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

(Policy Condition)

Tyre Size: F: 225/40R18R: 225/40R18Remark: The veh had commenced its
repair at the time of inspection.

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. 01/08/19

Lum Sum: _____ % 3 Val.: Yes or No

Survey held at MG Solution

CA / REV / REP. / 24 HRS

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

Date: _____ Vehicle: IN / OUT

Person Contacted: _____

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

Date / Time Action / Instruction

TP ALG.Pending COE Renewal.MV : 20.5K (Depreciation 13k plus)PV : 17.5kNett: 3K.

Date/Time, File Pass to?

Date/Time, File Return to?

1)

2)

3)

4)

5)

6)

Prel. Report:

Final Report:

Part Prices Check:

IN

OUT

Survey Fee:

Date:

Basic & Add.

S + RS, SI

Photos

Others

TOTAL