

15/5/2010

INS. CASE OWNER:

Jas

CC

KSM

AXA1901

3793, A p3

LKK:

IDAC:

Surveyor:

Adrian

DOI:

ASSIGNMENT

6/8/14

Date / Time :

6/8/14

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

SLU 5001L

Claim No. :

5002050/12404

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II : \$\$

D.O.A. :

5/8/14

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

smg 94892



INSRS:

WSP:

Tel :

Liability :

RMKS:

mg solution



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time	STAGE	DATE / PIC
smg 94892 - X	Non-Reporting ltr (1st):	
smg 5001L - 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:

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		
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Loss of Rental (LOR):	\$S	(days)	
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Loss of Use (LOU):	\$S	(\$ x days)	
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Loss of Income (LOI):	\$S	(\$ x days)	
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LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LO ☐ [Tick only one]			
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GIA/LTA Search	\$S		
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Medical:	\$S		
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Disbursement:	\$S	(e.g. Tow/ Independent)	
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Legal Cost	\$S		
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Total:	\$S	Global Sum \$S:	
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FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Cal ☐
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Payee 1:	\$S	Name 1:	
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Payee 2: (Strike if N.A.)	\$S	Name 2:	
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Payee 3: (Strike if N.A.)	\$S	Name 3:	
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Surveyor

REF:

ASM (AXA)

ASSIGNMENT

From:

Date: 6.8.2019

Estimated Cost:

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

To Inspect Vehicle No: SMG 9489Z

at Workshop m/s MG Solution

of 23 Kaki Bukit Ave 4 #02-03B

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.

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

my

Vehicle: IN / OUT

Date: Person Contacted:

Date / Time

Action / Instruction

TIA AXA

Veh No: SMG 9489Z Yr Regn: 2019 / Jan.

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

Truck / Trailer or

Make:

Toyota Sienta

c.c

1496

Colour:

Brown

A/C: Insured / Std / NI / NA

Sp. Reading

11530

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

MH F228H 3300060244

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

185/60R15

R:

185/60R15

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

TOYO / YOKO or

Hankook.

Front

Rear

R/Bal.

06

mm

R/Bal.

06

mm

L/Bal.

06

mm

L/Bal.

06

mm

D.O.A.

D.O.I.

26/08/19.

Survey held at

MG Solution.

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

Rees o/s.

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

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:

S + RS. SI

Photos

Others

TOTAL

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$

Report Format:

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