

15/5/2010

INS. CASE OWNER:

CC 4/AIG1901

4109 J2 kb3.

LKK:

IDAC:

Surveyor:

Tanfion.

DOI:

ASSIGNMENT

14/8/19.

Date / Time :

12/8/19.

Registered in Merimen:

14/8/19.

Pre-assign / CCU / FTE



Insured Vehicle No. :

EH 800G.

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :\$

D.O.A :

6/8/19.

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

SG 1009H

INSRS:
WSP:
Tel :
Liability :
RMKS:Tower
Transit.INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SG1009H-X		
	EH800G-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:	☐
		Post-Repair Photos:	☐
		Others:	☐

PRELIMINARY ADVICE		Date/Time:	Sent By:	Confirm by:
FINALIZATION	Date/Time:	Confirm with:	Email ☐ Call ☐	
Repair Cost:	\$	(days) Reduction:	%	
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:	\$		1) Claim status: Normal/Reject/Private Settle	
Disbursement:	\$	(e.g. Tow/ Independent)	2) Report Format:	
Legal Cost	\$		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:		

(08/11/14)

Surveyor

Taufik

REF:

A1G

ASSIGNMENT

From:

Date:

14.8.2019

Estimated Cost:

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

To Inspect Vehicle No:

SG 1009

at Workshop m/s

Tower Trans

of 21 Bulim Drive

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

2.00pm - 4.00pm

(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:

SG1009H

Yr Regn:

2015, Dec.

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

Truck / Trailer or

Make:

Mercedes Benz Citaro c.c 6374

Colour:

Green

A/C: Insured / Std / NI / NA

Sp. Reading

242853

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

WERS 62808 323129406

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:

275/70 R22.5

R:

7.5 - (77)

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.

D.O.I.

14/8/19 2340pm

Survey held at

Tower Trans

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

Rear 2/5

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:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

Report Format :

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