

15/5/2010

INS. CASE OWNER:

CC 4/III1901 5774, Ambh

LKK:

IDAC:

Surveyor:

Admin

DOI:

ASSIGNMENT

27/8/14

Date / Time:

27/8/14

Registered in Merimen:

28/8/14

Pre-assign / CCU / FTE



Insured Vehicle No. :

SHD 7094P

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II : \$

D.O.A :

27/8/14

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

S/L 81630



INSRS:

WSP:

Tel :

Liability :

RMKS:

Zero Gravity



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time	STAGE	DATE / PIC	
S/L 81630 SHD 7094P	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): \$	(S x days)		
Loss of Income (LOI): \$	(S 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:		

(Continued)
ASS. REC BY

REF:

Adman

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

Claims No. _____

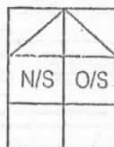
Sum Insured: _____ Excess: _____

(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: _____ days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SJL8163D

Yr Regn: 2008 / Dec.

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

Truck / Trailer or

Make: Toyota Wish C.C. 1794

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

Sp. Reading 17938 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTDER12W80300334

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195/65R15

R: 195/65R15

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

TOYO / YOKO or

Front

Rear

R/Bal. 06 mm R/Bal. 06 mm

L/Bal. 06 mm L/Bal. 06 mm

D.O.A. _____ D.O.I. 27/08/19

Survey held at Zero Gravity

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

TP III

MV :

PV :

Nett :

Date/Time, File Pass to?

Date/Time, File Return to?

Part Prices Check:

Survey Fee:

Date:

1)

2)

IN

OUT

Basic & Add.

___ S + RS, ___ SI

Photos

Others

TOTAL

Prel. Report:

Final Report: