

15/5/2010

INS. CASE OWNER:

CC6 /AIG1901 5905 AK63

LKK:  
IDAC:

Surveyor: Adnan

DOI: ASSIGNMENT  
4/1/19

Date / Time: 4/1/19

Registered in Merimen: 9/1/19

Pre-assign / CCU / FTE



Insured Vehicle No. : SLC 4825C

Claim No. : \_\_\_\_\_

Name of Insured : \_\_\_\_\_

Policy No. : \_\_\_\_\_

Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_

Make / Model : \_\_\_\_\_

Excess Sec II :\$\$ \_\_\_\_\_ D.O.A : 4/1/19

Place of Accident : \_\_\_\_\_

Is driver the owner? ( YES / NO ) Nature of Accident : \_\_\_\_\_

If NO, Driver Name / Age :

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

Driver Tel No. : \_\_\_\_\_ (V/L: YES / NO )

Insured Liability : % Final ? Yes / No

SKN 7115C →



INSRS:  
WSP: MG  
Tel : Solution  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time	STAGE	DATE / PIC
<u>SKN 7115C</u>	Non-Reporting ltr (1st):	
<u>SLC 4825C</u>	Non-Reporting ltr (2nd):	
	Non-Reporting ltr (Final):	
	Notification ltr (if non-pickup):	
	Call OI:	
	After call ltr to OI:	
	<b>Documentation Check List:</b>	<b>Handler</b> <b>Typist</b>
	Notification ltr (if non-pickup)	<input type="checkbox"/> <input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/> <input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/> <input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/> <input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
	Towing Invoice:	<input type="checkbox"/> <input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/> <input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
	PIR:	<input type="checkbox"/> <input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
	LOD	<input type="checkbox"/> <input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
	Others:	<input type="checkbox"/> <input type="checkbox"/>
<b>PRELIMINARY ADVICE</b> Date/Time:	Sent By:	
<b>FINALIZATION</b> Date/Time:	Confirm with:	
Repair Cost: \$\$	( days)Reduction: %	Email <input type="checkbox"/> Call <input type="checkbox"/>
<b>FINAL SETTLEMENT</b> Date/Time:	Confirm with	
Final Liability: %	(Agreed / Assessed) BOLA S/N No. :	Email <input type="checkbox"/> Call <input type="checkbox"/>
Repair Cost: \$\$	If NO or B 28, Ass. Lia :	
Loss of Rental (LOR): \$\$	( days)	
Loss of Use (LOU): \$\$	( \$ x days)	
Loss of Income (LOI): \$\$	( \$ x days)	
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/>	LOR + LOU <input type="checkbox"/> LOR + LO <input type="checkbox"/>	[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:
<b>Total:</b>	<b>Global Sum \$\$:</b>	
<b>FINAL PAYMENT</b> Date/Time:	Confirm with:	
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

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.

N/S	O/S

Bal. or Market Value:

IDAC Accident Rport: 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: SKN 7115C Yr Regn: 2014 / July

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

Truck / Trailer or

Make: Honda CRV c.c 2354

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

Sp. Reading: 107163 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: MRHRM3850FP000009

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: 225/65R17.

R: 225/65R17.

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. 04/09/19

Survey held at M. Payer Ubi (MG Solution)

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
	TPALG
	depreciation
	Min PART
	MV: 65K ≈ (11K x 4.8 + 26/2) ≈ 65K
	PV: 56.11K
	Nett: 8.9K
	No. of years left

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	