

15/5/2010

INS. CASE OWNER:

CC 4 / III 1901 6297, A gbb.

LKK:

IDAC:

Surveyor:

Adrian

DOI:

ASSIGNMENT

16/1/14.

Date / Time :

16/1/14.

Registered in Merimen:

17/1/14.

Pre-assign / CCU / FTE



Insured Vehicle No. : SMC 3662A

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$\$ _____ D.O.A : 14/1/14.

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

SKW 11839.

INSRS: CAS.
WSP: Garage.
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date / Time	STAGE	DATE / PIC
SKW 11839-1	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)	<input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/>
Medical Bill:	<input type="checkbox"/>	
PIR:	<input type="checkbox"/>	
Mandate/Reject Instruction:	<input type="checkbox"/>	
LOD	<input type="checkbox"/>	
Payment Breakdown Form:	<input type="checkbox"/>	
PRELIMINARY ADVICE Date/Time:	Sent By:	Post-Repair Photos: <input type="checkbox"/>
		Others: <input type="checkbox"/>
FINALIZATION Date/Time:	Confirm with:	Confirm by:
Repair Cost: \$\$	(days) Reduction: %	Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT Date/Time:	Confirm with:	Email <input type="checkbox"/> Call <input type="checkbox"/>
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 <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: \$\$(
Disbursement: \$\$((e.g. Tow/ Independent)	1) Claim status: Normal/Reject/Private Settle
Legal Cost \$\$(2) Report Format:
Total: \$\$(Global Sum \$\$(3) Survey fee:
FINAL PAYMENT Date/Time:	Confirm with:	Email <input type="checkbox"/> Call <input type="checkbox"/>
Payee 1: \$\$(Name 1:	
Payee 2: (Strike if N.A.) \$\$(Name 2:	
Payee 3: (Strike if N.A.) \$\$(Name 3:	

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 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: SKW1183Y Yr Regn: 2015 OCT.
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Toyota Harrier C.C. 1986
 Colour: white A/C: Insured / Std / NI / NA
 Sp Reading: 94637 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: ZS4600057184
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Modi: Nil / SRim / STD A/Rim or
 Tyre Size: F: 235/55R18
 R: 235/55R18
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. 16/09/19
 Survey held at CAS
 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
	<u>TP III</u>
	<u>MV :</u>
	<u>PV :</u>
	<u>Nett :</u>

Date/Time, File Pass to?

☐ : Preli. Report
☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

1)

Date/Time, File Return to?

2)

Add Fee: ☐ : Site Insp \$
☐ : Interview \$
☐ : Tech. Insp \$
☐ : Wheel end \$

Survey Fee:

Transportation:

\$ + P\$ \$

Photos

Other:

TOTAL

Report Format:

Lump Sum / L.B. \$