

INS. CASE OWNER:

CC 3 / III 1901 8296, K1963

LKK:
IDAC:

Surveyor:

kalvin

DOI:

15/10/19

Date / Time :

15/10/19

Registered in Merimen:

16/10/19

Pre-assign / CCU / FTE

ASSIGNMENT



Insured Vehicle No. : SMC 85657

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$\$ D.O.A : 14/10/19

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

SMC 80729



INSRS:
WSP:
Tel :
Liability :
RMKS:

premier



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
SMC 80729	Non-Reporting ltr (1st):	
SMC 807652	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"/>
	Post-Repair Photos:	<input type="checkbox"/>
	Others:	<input type="checkbox"/>
PRELIMINARY ADVICE Date/Time: _____ Sent By: _____		
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: _____

(08/11/13)

REF:

Surveyor: Kalvin

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspected 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: SHB 8073A Yr Regn: 3 Feb 2016
Type: M.Car / M.Cycle / Bus / Van / Lorry / T~~o~~ / Prime Mover /

Truck / Trailer or _____

Make: KIA optima c.c. 1685

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

Sp. Reading: 39 1271 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KNAGM414MFS658334

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modi: Nil / S/Rlm / STD / ~~Arm~~ or _____

Tyre Size; F: 205 / 65 R16

R: _____

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

TOYO / YOKO or Maxxtra

Front 7 mm Rear 7 mm

R/Bal. 7 mm L/Bal. 7 mm

D.O.A. 14/10/19 D.O.I. 15/10/19

Survey held at Premier

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

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

Date / Time	Action / Instruction
	<u>IV</u>
	<u>4/5</u>

Date/Time, File Pass to? : Prell. Report

1) : Final Report

Date/Time, File Return to? _____

2) _____

Report Format: _____

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

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: : Site Insp (\$ _____) : Interview (\$ _____) : Tech. Invs (\$ _____) : Weekend (\$ _____)

Survey Fee:	
Transportation:	
\$ + RS. \$	
Photos	
Others	
TOTAL	