

15/5/2010

INS. CASE OWNER:

CC4/III190

LKK:

IDAC:

Surveyor:

Adnan

DOI:

ASSIGNMENT

6/11/19

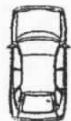
Date / Time :

6/11/19

Registered in Merimen:

6/11/19

Pre-assign / CCU / FTE



Insured Vehicle No. :

SHC 12410

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :\$

D.O.A :

4/11/19

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

SFw 2019



INSRS:

WSP:

Tel :

Liability :

RMKS:

W51



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time	STAGE	DATE / PIC
SFw 2019 SHC 12410	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	
	Documentation Check List: 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):	\$	(\$ x days)	
Loss of Income (LOI):	\$	(\$ x days)	
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LO ☐ [Tick only one]			
GIA/LTA Search	\$		
Medical:	\$		
Disbursement:	\$	(e.g. Tow/ Independent)	
Legal Cost	\$		
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:	

ASS. REC. BY:

REF: III

ASSIGNMENT

From:

Date:

6.12.2019

Estimated Cost:

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

To inspect Vehicle No:

SPW 2919U

at Workshop m/s

N-51 Automotive

of

2 Kapi Bukit Ave 2 #01-17

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

mp

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SFW2919U.

Yr Regn:

2015 June.

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

Truck / Trailer or

Make:

Kin Forle k3

C.C

1591

Colour

Red.

A/C:

Insured / Std / NI / NA

Sp. Reading

111615

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

KNAFZ41MF5337240

Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

215/45 215/45R17

R:

215/45R17.

BS / DUN / EXNOVA / GV / 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.

06/12/19.

Survey held at

Twincar.

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 : 50.5k.
 PV : 463k
 Net : 4.2k.

Date/Time, File Pass to?

☐

: Preli. Report

1)

Date/Time, File Return to?

☐

: Final Report

2)

Report Format:

Lump Sum / L.B. / C

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

\$ + RS. \$

Photos

Others

TOTAL