

15/5/2010

INS. CASE OWNER:

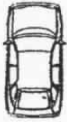
CC 4 /AIG190 m64, Pld63

LKK:

IDAC:

Surveyor: pasniDOI: ASSIGNMENT
16/11/19Date / Time : 16/11/19
Registered in Merimen: 12/11/19

Pre-assign / CCU / FTE

Insured Vehicle No. : SKM 6571A

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$ _____ D.O.A : alimca

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

SGV 5707CINSRS: how
WSP: anto
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
6/10/2021	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:		
Post-Repair Photos:		
Others:		

PRELIMINARY ADVICE		Date/Time:	Sent By:	Confirm 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)		
Legal Cost	\$			
Total:	\$	Global Sum \$:		
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:		

1) Claim status: Normal/Reject/Private Settlement WP
2) Report Format: TP
3) Survey fee: 290.00

ASS. REC. BY: Rane

REF: ATG

365E 858F

COE XIRY: 2020 / JAN

ASSIGNMENT

From

Date:

Veh No:

57V 5707C

Yr Regn:

2010 / JAN

Estimated Cost:

Type:

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

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

Truck / Trailer or

To Inspect Vehicle No:

57V 5707C

Make:

Honda Civic 1.3L

C.C

1339

at Workshop m/s

GOLD AUTO WORKS

Colour:

PURPLE

A/C:

Insured / Std / NI / NA

of

48, TOTH Guan Rd #01-119

Sp. Reading

23 0216

T/Radio:

Insured / Std / NI / NA

Insured:

ATG

Eng/No:

C/No:

JHMPD 36209S 2022 37

Policy No.

Gen. Cond:

Good / Fair / Poor / Burnt

Claims No.

Steering:

Inorder / Jammed / Leaked / Burnt or

Sum Insured:

Excess:

Brake:

Inorder / Jammed / Leaked / Burnt or

(Client's Record)

Modi:

Nil / S/Rim / STD A/Rim or

Make of Veh:

Tyre Size:

F:

195/65R15

R:

(Policy Condition)

Remark: The veh had commenced its

repair at the time of inspection.

N/S	O/S

Bal. or Market Value:

23K

Front

Rear

IDAC Accident Rpt:

Consistent? : Yes or No

R/Bal.

6

mm

R/Bal.

6

mm

GIA / PR Seen:

Consistent? : Yes or No

L/Bal.

6

mm

L/Bal.

6

mm

Est. Repairs:

days

Res.: Yes or No

D.O.A.

09/12/19

D.O.I.

16/12/19

Lum Sum:

%

3 Val.: Yes or No

Survey held at

GOLD AUTO

CA / REV / REP. / 24 HRS

Des. of Damages:

Front / Rear / O/S / N/S / U/C / Rooftop or

Date:

Person Contacted:

Vehicle: IN / OUT

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

Date / Time	Action / Instruction
	<u>Repair 1mt 12k</u>

Date/Time, File Pass to?

☐

: Preli. Report

Days Of Repair:

1)

☐

: Final Report

Resurvey No. of Trip:

Date/Time, File Return to?

2)

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

\$ + RS. \$

Photos

Others

TOTAL

Report Format:

Lump Sum / LBL: C