

15/5/2010

INS. CASE OWNER:

CC 3/161700

8774, K863

LKK:

IDAC:

Surveyor:

Kennyth

DOI:

ASSIGNMENT

2/5/18

Date / Time :

3/5/18

Registered in Merimen:

4/5/18

Pre-assign / CCU / FTE



Insured Vehicle No. :

SLF 7247

Name of Insured :

VCR

Insured Tel No. :

HP:

Excess Sec II : \$\$

D.O.A :

2/5/18

Is driver the owner?

(YES / NO)

Nature of Accident :

Claim No. :

Policy No. :

Make / Model :

Place 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

SHD MAX



INSRS:

WSP:

Tel :

Liability :

RMKS:

Trans
Cnh

INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date / Time	STAGE	DATE / PIC	
SHD MAX - X	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 _____ Call _____			
FINAL SETTLEMENT Date/Time: _____ Confirm with: _____ If NO or B 28, Ass. Lia : _____			
Final Liability: % (Agreed / Assessed) BOLA S/N No. : _____			
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 + LOI ☐ [Tick only one]			
GIA/LTA Search \$ _____ 1) Claim status: Normal/Reject/Private Settle			
Medical: \$ _____ 2) Report Format: _____			
Disbursement: \$ (e.g. Tow/ Independent) 3) Survey fee: _____			
Legal Cost \$ _____			
Total: \$ _____ Global Sum \$: _____ Email _____ Call _____			
FINAL PAYMENT 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:

Kenneth**ASSIGNMENT**

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Trans Cab

of _____

Insured: _____

Policy No. _____

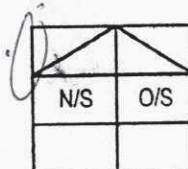
Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 02 days Res.: Yes or NoLum Sum: 1.3.1 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: S4D 219X Yr Regn: 10, 15

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

Truck / Trailer or

Make: Renault Lotitude c.c. 1995Colour n. white / R A/C: Insured / Std / NI / NASp. Reading 70856 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: VIFIABL15AUC 287661

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim orTyre Size: F: Rovalo 215/60R16R: GY

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

TOYO / YOKO or

Front _____ Rear _____

R/Bal. 3 mm R/Bal. 5 mmL/Bal. 3 mm L/Bal. 5 mmD.O.A. 215/17 D.O.I. 3/5/17Survey held at ✓

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

N/S / R

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

Date / Time Action / Instruction

15 File pass to Carbone
2632.98

Date/Time, File Pass to?

☐ : Prel. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

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

Survey Fee: _____

Transportation: _____

____ \$ + RS ____ \$

Photos

Others

TOTAL

Report Format : _____

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