

08/11/13

REF:

Surveyor: Sebastian

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 Rport: _____ 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
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SHP 375 S Yr Regn: 18/12/2012
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or _____
 Make: Chevrolet Epica c.c 1991
 Colour: Maroon A/C: Insured / Std / NI / NA
 Sp. Reading: 348 986 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: KL1LA 69 R388 133745
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or _____
 Brake: In order / Jammed / Leaked / Burnt or _____
 Modi: Nil / S/Rim / STD A/Rim or _____
 Tyre Size: F: 205 65 R15
 R: _____
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or Falken

<u>Front</u>	<u>Rear</u>
R/Bal. <u>6</u> mm	R/Bal. <u>6</u> mm
L/Bal. <u>6</u> mm	L/Bal. <u>6</u> mm
D.O.A. <u>22/11/16 1400</u>	D.O.I. <u>23/11/16 1330</u>

 Survey held at SMART
 Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or
N/S Front
 The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	TAX / 11 / 16 / 2173
	LKE
	AIG - SK95974P

Date/Time, File Pass to? : Preli. Report
 : Final Report
 1) _____
 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:	_____
_____ S + RS _____ SI	_____
Photos	_____
Others	_____
TOTAL	_____

INS. CASE OWNER:

CC 3/AIG160 22405, Syg3.

LKK:
IDAC:

Surveyor:

gwp

DOI:

ASSIGNMENT

23/11/16

Date / Time :

23/11/16

Registered in Merimen:

24/11/16

Pre-assign / CCU / FTE

SKG 5974P



Insured Vehicle No. :

Name of Insured :

Insured Tel No. :

Excess Sec II : \$\$

Is driver the owner? (YES / NO)

If NO, Driver Name / Age :

Driver Tel No. :

HP:

D.O.A :

23/11/16

Nature of Accident :

(V/L: YES / NO)

Claim No. :

Policy No. :

Make / Model :

Place of Accident :

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % Final ? Yes / No

SHP 3755



INSRS:
WSP:
Tel :
Liability :
RMKS:

SMR7(CW)



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
	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"/> <input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/> <input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/> <input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/> <input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/> <input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
	PIR:	<input type="checkbox"/> <input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
	LOD	<input type="checkbox"/> <input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
	Others:	<input type="checkbox"/> <input type="checkbox"/>

SHP 3755 - CC 3/AIG160 22405/Kyell RAJ/11/16
SKG 5974P - X

PRELIMINARY ADVICE Date/Time: _____ Sent By: _____ Confirm with: _____ 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: \$\$
 Medical: \$\$
 Disbursement: \$\$ (e.g. Tow/ Independent)
 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: _____

- 1) Claim status: Normal/Reject/Private Settle
- 2) Report Format:
- 3) Survey fee: