

INS. CASE OWNER:

CC 4 / AIG170 22666, Aua3

LKK:

IDAC:

Surveyor:

DOI:

Date / Time :

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. : HP:

Make / Model :

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

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

EX81E

INSRS: km chree
WSP:
Tel:
Liability: Gold Auto
RMKS: work.INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:

| Date/ Time | STAGE | DATE / PIC |
|---|------------------------------------|---|
| EX81E - NA/11/16004581/el ; DOA: 10/3/2014 | Non-Reporting ltr (1st): | |
| SGM1800A - 06/16/11007264/6223K2 ; DOA: 15/02/11 | 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"/> |
| PRELIMINARY ADVICE Date/Time: | Sent By: | Post-Repair Photos: <input type="checkbox"/> <input type="checkbox"/> |
| | | Others: <input type="checkbox"/> <input type="checkbox"/> |
| 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 + LOI <input type="checkbox"/> [Tick only one] | | |
| GIA/LTA Search | \$\$ | |
| Medical: | \$\$ | 1) Claim status: Normal/Reject/Private Settle |
| Disbursement: | \$\$ (e.g. Tow/ Independent) | 2) Report Format: |
| Legal Cost | \$\$ | 3) Survey fee: |
| Total: \$\$ | Global Sum \$S: | |
| 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:

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 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: **EX81E.** Yr Regn: **2008 / Dec**Type: **M.Car** / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: **Bmw 630i** C.C. **2996.**Colour: **Grey.** A/C: Insured / Std / NI / NASp. Reading: **103787.** T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: **WBAEB12010B698042**Gen. Cond: **Good** / Fair / Poor / BurntSteering: **In order** / Jammed / Leaked / Burnt orBrake: **In order** / Jammed / Leaked / Burnt orModi: **Nil** / S/Rim / STD A/Rim orTyre Size: F: **245/35R20.**R: **245/35R20.**BS / DUN / EXNOVA / GY / FS / LIZA / **MI** / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front _____ Rear _____

R/Bal. **06** mm R/Bal. **06** mmL/Bal. **06** mm L/Bal. **06.** mmD.O.A. _____ D.O.I. **28/11/17.**Survey held at **Kim Chuee.**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 A/G. |
| | * changed wsg to how Auto works p/c. |
| | MV: 68K |
| | PU: 49.51C |
| | Nett: 18.5K |

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

Add Fee: ☐ : Site Insp (\$ _____) ☐ : S + RS (\$ _____)☐ : Interview (\$ _____) ☐ : Photos☐ : Tech. Invs (\$ _____) ☐ : Others☐ : Weekend (\$ _____)

TOTAL

Report Format: _____

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

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bmw 630

Advanced Search

| | Make | Model | Price | Depreciation | Reg Date | Eng Cap | Mileage | Veh Type | Status |
|--|----------------|--|-----------|--------------|-------------|----------|------------|----------|------------------|
| Search Selection | bmw 630 | | Any | Any | 2008 | Any | Any | Any | Available |
| | BMW | 6 Series 630Ci Cabriolet (New 10-yr COE) | \$123,800 | \$12,370 /yr | 28-Feb-2008 | 2,996 cc | 154,000 km | Sports | Available |
| Facelifted LED Model, New Version I-Drive And Bigger LCD Screen, Like Brand New Condition. Guaranteed Accident Free, No More Repair Needed. Selling With Brand New 10 Years COE. Low Depreciation Of 12K... | | | | | | | | | |
| Posted: 24-Nov-2017 Tags: 2008 BMW 630Ci, 2008 BMW 630Ci, BMW 630Ci, BMW 630Ci, BMW, 630Ci, 630Ci, Used BMW | | | | | | | | | |
| Details | | | | | | | | | |
| | BMW | 6 Series 630i | \$56,000 | N.A | 12-May-2008 | 2,996 cc | 80,200 km | Sports | Available |
| Lowest Mileage 80200 Plus Km Only, Hardly Use, Excellent Condition, One Careful Private Car Lover, Best To Extend Beyond The Next 10 Years. Serious Buyer Only Please. | | | | | | | | | |
| Posted: 28-Sep-2017 Tags: 2008 BMW 630i, 2008 BMW 630i, BMW 630i, BMW 630i, BMW, 630i, 630i, Used BMW | | | | | | | | | |
| Details | | | | | | | | | |
| | BMW | 6 Series 630i (New 10-yr COE) | \$112,800 | \$11,270 /yr | 31-Jul-2008 | 2,996 cc | 68,000 km | Sports | Available |
| Facelifted Model, Best Ideal Car To Renew With A 10 Years COE With Only \$11k/Year On Depreciation, Extremely Low Mileage, Fully Serviced And Maintained By PML With Proof Of Servicing Records Since Day... | | | | | | | | | |
| BW Automobiles | | | | | | | | | |
| Posted: 20-Nov-2017 Tags: 2008 BMW 630i, 2008 BMW 630i, BMW 630i, BMW 630i, BMW, 630i, 630i, Used BMW | | | | | | | | | |
| Details | | | | | | | | | |
| | BMW | 6 Series 630i Cabriolet | \$68,888 | \$31,470 /yr | 05-Sep-2008 | 2,996 cc | 115,000 km | Sports | Available |
| Optional Car Plate Number 328, 1 Owner Only, In House Loan Available, Well Maintained Exterior And Interior. Always Sheltered Parked. | | | | | | | | | |
| Posted: 29-Nov-2017 Tags: 2008 BMW 630i, 2008 BMW 630i, BMW 630i, BMW 630i, BMW, 630i, 630i, Used BMW | | | | | | | | | |
| Details | | | | | | | | | |

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Make

Model

Price

Depreciation

Reg Date

Eng Cap

Mileage

Veh Type

Status

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