

15/5/2010

INS. CASE OWNER:

CC 3/AIG1800 DMG, K2p63

LKK:
IDAC:

Surveyor: Kalvin

DOI: 2/1/18

Date / Time: 2/1/18

Registered in Merimen: 4/1/18

Pre-assign / CCU / FTE

SLQ 5148T



Insured Vehicle No. : _____

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$ \$ _____ D.O.A : 1/1/18

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

SLC 38795



INRS: LOME
WSP: W
Tel : _____
Liability : _____
RMKS: _____



INRS:
WSP:
Tel : _____
Liability : _____
RMKS: _____



INRS:
WSP:
Tel : _____
Liability : _____
RMKS: _____



INRS:
WSP:
Tel : _____
Liability : _____
RMKS: _____

Date/ Time	STAGE	DATE / PIC
<u>SLC 38795</u>	<u>X</u>	<u>SLQ 5148T - X</u>
	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"/>

PRELIMINARY ADVICE Date/Time: _____ Sent By: _____ Confirm by: _____

REPAIR COST: \$ \$ _____ (_____ days) Reduction: % _____ Email Call

GLOBAL SETTLEMENT Date/Time: _____ Confirm with _____ Email Call

Global 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 + LOI [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 \$ \$: _____

GLOBAL 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: _____

ASSIGNMENT

From: Date

Estimated Cost:

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

To inspect Vehicle No:

at Workshop mis

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

Date: Person Contacted

Vehicle: IN / OUT

Veh No: SHC38395 Regn: 31 Dec 2018

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

Truck / Trailer or

Make: Hyundai I40 cc 1685

Colour: Blue A/C Insured / Std / NI / NA

Sp Reading: 255333 T Radio Insured / Std / NI / NA

Eng/No:

C/No: KMHLB419AF4062662

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: 205/60R16

R:

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

TOYO / YOKO or Hankook

Front

Rear

R/Bal: 7 mm R/Bal: 7 mm

L/Bal: 7 mm L/Bal: 7 mm

D.O.A: 1/1/8 D.O.I: 3/1/8

Survey held at: CME (log)

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

O/S B.d.

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

Date / Time Action / Instruction

AJA 4s.

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 \$

Interview \$

Technical \$

Wheel end \$

Report Format :

Lump Sum / I.B.I: \$

