

INS. CASE OWNER:

CC 3 UR / AIG 1800 3585, S y 63

LKK: IDAC:

Surveyor: YWF

ASSIGNMENT DOI: 27/2/18

Date / Time: 27/2/18 Registered in Merimen: 26/2/18

Pre-assign / CCU / FTE



Insured Vehicle No. : SLF 4846B Name of Insured : UR Insured Tel No. : HP: Excess Sec II :SS D.O.A : 27/2/18 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

SMB 52284



INSRS: WSP: SMKT Tel : Liability : RMKS:



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Table with columns for Date/Time, STAGE, DATE / PIC, PRELIMINARY ADVICE, FINALIZATION, FINAL SETTLEMENT, and FINAL PAYMENT. Includes checkboxes for documentation and settlement options.

Sinzaur

REF:

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. \_\_\_\_\_

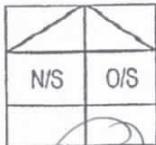
Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(Client's Record)

Make of Veh: \_\_\_\_\_

(Policy Condition)

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



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: SHB 52284 Yr Regn: 12/7/2012

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

Truck / Trailer or \_\_\_\_\_

Make: Chevrolet Epica c.c 1791

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

Sp.Reading 62654 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: KL 1LA 69RJBB 129605

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 205/55R15

R: "

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

TOYO / YOKO or Fallon

Front Rear

R/Bal. 6 mm R/Bal. 6 mm

L/Bal. 6 mm L/Bal. 6 mm

D.O.A. 20/2/18 D.O.I. 22/2/18

Survey held at SMART

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

TAX / 02 / 18 / 214

LICK

AIG

SLR 48468

Date/Time, File Pass to?  : Preli. Report

1)  : Final Report

Date/Time, File Return to?

2) \_\_\_\_\_

Report Format :

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

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

Survey Fee: \_\_\_\_\_

Transportation: \_\_\_\_\_

Add Fee:  : Site Insp (\$ \_\_\_\_\_) S + RS. \$ \_\_\_\_\_

: Interview (\$ \_\_\_\_\_) Photos

: Tech. Invs (\$ \_\_\_\_\_) Others

: Weekend (\$ \_\_\_\_\_)

TOTAL