

15/5/2010

INS. CASE OWNER:

CC3 / LCR1804582 / KWSZ

LKK:
IDAC:

Surveyor: KALVIN DOI: 0802/18

Date / Time: 08/03/18
Registered in Merimen: 09/03/18

Pre-assign / CCU / FTE



Insured Vehicle No. : SLE 4062B
Name of Insured : LCR
Insured Tel No. : _____ HP: _____
Excess Sec II : \$S _____ D.O.A : 07/02/18
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. : _____ (VL: YES / NO)

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
Insured Liability : % Final ? Yes / No

SHA 5075B



INSRS:
WSP: CD66 (Lapa)
Tel : _____
Liability : _____
RMKS: _____



INSRS:
WSP: _____
Tel : _____
Liability : _____
RMKS: _____



INSRS:
WSP: _____
Tel : _____
Liability : _____
RMKS: _____



INSRS:
WSP: _____
Tel : _____
Liability : _____
RMKS: _____

Date/Time	STAGE	DATE / PIC
<u>SHA 5075B</u>	Non-Reporting ltr (1st):	
<u>CC3/AG10016258/DaK2g D.O.A: 14/12/17</u>	Non-Reporting ltr (2nd):	
<u>- NA/2VC 09002768/01 D.O.A: 08/02/17</u>	Non-Reporting ltr (Final):	
<u>- NS/2NC 12019547/Hlyk3 D.O.A: 06/10/12</u>	Notification ltr (if non-pickup):	
<u>SLE 4062B - X</u>	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: _____

FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____
 Repair Cost: \$S _____ (_____ days) Reduction: % _____ Email Call

FINAL SETTLEMENT Date/Time: _____ Confirm with: _____
 Final Liability: % (Agreed / Assessed) BOLA S/N No. : _____ If NO or B 28, Ass. Lia : _____
 Repair Cost: \$S _____
 Loss of Rental (LOR): \$S _____ (_____ days)
 Loss of Use (LOU): \$S _____ (\$ x _____ days)
 Loss of Income (LOI): \$S _____ (\$ x _____ days)
 LOR only LOU only LOR + LOU LOR + LO [Tick only one]
 GIA/LTA Search: \$S _____
 Medical: \$S _____
 Disbursement: \$S _____ (e.g. Tow/ Independent)
 Legal Cost: \$S _____
 Total: \$S _____ Global Sum \$S: _____ Email Call

FINAL PAYMENT Date/Time: _____ Confirm with: _____
 Payee 1: \$S _____ Name 1: _____
 Payee 2: (Strike if N.A.) \$S _____ Name 2: _____
 Payee 3: (Strike if N.A.) \$S _____ Name 3: _____

(08/11/13)

Surveyor: Kelvin

REF:

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspected 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

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

Veh No: SHA 5075B Yr Regn: 30 Apr 2011
 Type: M.Car / M.Cycle / Bus / Van / Lorry / ⓧ Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Hyundai Santa Fe c.c. 1994
 Colour: Blue A/C: Insured / Std / NI / NA
 Sp. Reading: 716805 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: KMET41UMBA 810090
 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 or _____
 Tyre Size: F: 215/60R16
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Wentile
 Front _____ Rear _____
 R/Bal. 7 mm R/Bal. 7 mm
 L/Bal. 7 mm L/Bal. 7 mm
 D.O.A. 7/12/12 D.O.I. 8/12/12
 Survey held at CDHE (Loyang)
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Rear
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction

Date/Time, File Pass to? : Prell. Report
 : Final Report
 1) _____
 Date/Time, File Return to?
 2) _____

Days Of Repair: _____
 Resurvey No. of Trip: _____

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

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

Survey Fee: _____
 Transportation: _____
 S + RS, SI _____
 Photos _____
 Others _____
 TOTAL _____

