

15/5/2010

INS. CASE OWNER:

CC 6/AIG1801 *mes, Aeb3*

LKK:
IDAC:

Surveyor: *Adrian*

DOI: *4/3/08*

Date / Time : *4/3/08*

Registered in Merimen: *5/3/08*

Pre-assign / CCU / FTE

SEE 51401



Insured Vehicle No. : _____

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$\$ _____ D.O.A : *21/6/08*

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. : _____ (VL: YES / NO)

Insured Liability : % Final ? Yes / No

SJE 289B



INSRS:
WSP: *WHT*
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
<i>SJE 289B - X</i>	Non-Reporting ltr (1st):	
<i>SEE 51401 - 14/11/08</i>	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: _____

FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____

Repair Cost: \$ \$ (days) Reduction: % Email Call

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

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 LOU only LOR + LOU LOR + LO [Tick only one]

GIA/LTA Search \$ \$

Medical: \$ \$

Disbursement: \$ \$ (e.g. Tow/ Independent)

Legal Cost \$ \$

Total: \$ \$ **Global Sum \$ \$:**

FINAL 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: _____

ASS. REC. BY: Adrian King

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.**

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: SJE 2289B Yr Regn: 2007 / May.
Type: (M.Car) / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or _____
Make: Honda Accord c.c 1998
Colour: White A/C: **Insured / Std / NI / NA**
Sp.Reading: 239972 T/Radio: **Insured / Std / NI / NA**
Eng/No: _____
C/No: CL71300417.
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: 225/45 R18
R: 225/45 R18
(BS) DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or _____
Front _____ Rear _____
R/Bal. 06 mm R/Bal. 06 mm
L/Bal. 06 mm L/Bal. 06 mm
D.O.A. _____ D.O.I. 04/07/18
Survey held at NHT.
Des. of Damages : **Frnt / Rear / (O/S) / N/S / UIC* / Rooftop** or _____
The **U/C / Chassis frame / Body Structure** affected due to collision.

Date / Time	Action / Instruction
	<u>TP ALG.</u>

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

Survey Fee:

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