

15/5/2010

INS. CASE OWNER:

CC 6/AIG1801

LKK:

IDAC:

Surveyor:

DOI:

Date / Time :

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

Name of Insured :

Insured Tel No. :

Excess Sec II :\$

Is driver the owner?

(YES / NO)

HP:

D.O.A :

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



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

Date/ Time SJC 1803J 7/11/2010 13:00 SJC 7557C		STAGE 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:		DATE / PIC	
		Handler		Typist	
		Notification ltr (if non-pickup)		☐	
		After call ltr to OI:		☐	
		Authorisation To Act:		☐	
		Release Voucher:		☐	
		Final Repair Bill:		☐	
		Car Rental Invoice:		☐	
		Towing Invoice		☐	
		LTA / GIA :		☐	
		Medical Bill:		☐	
		PIR:		☐	
		Mandate/Reject Instruction:		☐	
		LOD		☐	
		Payment Breakdown Form:		☐	
PRELIMINARY ADVICE Date/Time:		Sent By:		Post-Repair Photos:	
				☐	
				☐	
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)		1) Claim status: Normal/Reject/Private Settle	
Legal Cost \$				2) Report Format:	
Total: \$		Global Sum \$:		3) Survey fee:	
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 Ling

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 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: SJC1803J Yr Regn: 2008, Feb.Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: Honda Civic c.c. 1595Colour: Black A/C: **Insured / Std / NI / NA**Sp. Reading: 178499 T/Radio: **Insured / Std / NI / NA**

Eng/No: _____

C/No: JHMF2462085200779Gen. Cond: **Good** / Fair / Poor / BurntSteering: **In order** / Jammed / Leaked / Burnt or _____Brake: **In order** / Jammed / Leaked / Burnt or _____Modi: **Nil** / S/Rim / STD A/Rim or _____Tyre Size: F: 205/55R16R: 205/55R16

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

TOYO / YOKO or Continental

Front _____ Rear _____

R/Bal. 06 mm R/Bal. 06 mmL/Bal. 06 mm L/Bal. 06 mmD.O.A. _____ D.O.I. 17/07/18Survey held at ModernDes. 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 AIG.
	COE Expiry: 31/01/23.
	MV: 30K
	PV: 19.5K
	Nett: 10.5K.

Date/Time, File Pass to?

☐ : **Preli. Report**

1)

☐ : **Final Report**

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

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

Survey Fee: _____

Transportation: _____

____ \$ + RS. ____ \$

Photos _____

Others _____

TOTAL

Report Format : _____

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