

15/5/2010

INS. CASE OWNER:

CCY/AXA1801 262h, AUBB

LKK:
IDAC:

Surveyor: Adnan

DOI: 20/3/08

Date / Time: 20/3/08

Registered in Merimen: 20/3/08

Pre-assign / CCU / FTE

SUC 5MMB



Insured Vehicle No. : _____

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: 20/3/08

Make / Model : _____

Excess Sec II : \$S _____ D.O.A : 20/3/08

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. : _____ (V/L: YES / NO)

Insured Liability : % Final ? Yes / No

SJZ 1575X



INSRS:
WSP:
Tel :
Liability :
RMKS:

Platinum



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	<u>SJZ 1575X -X</u>		
	<u>SUC 5MMB -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"/>
		After call ltr to OI:	<input type="checkbox"/>
		Authorisation To Act:	<input type="checkbox"/>
		Release Voucher:	<input type="checkbox"/>
		Final Repair Bill:	<input type="checkbox"/>
		Car Rental Invoice:	<input type="checkbox"/>
		Towing Invoice:	<input type="checkbox"/>
		LTA / GIA :	<input type="checkbox"/>
		Medical Bill:	<input type="checkbox"/>
		PIR:	<input type="checkbox"/>
		Mandate/Reject Instruction:	<input type="checkbox"/>
		LOD	<input type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/>
		Post-Repair Photos:	<input type="checkbox"/>
		Others:	<input type="checkbox"/>
PRELIMINARY ADVICE Date/Time: _____ Sent By: _____			
FINALIZATION Date/Time: _____ Confirm with: _____			
Repair Cost: \$S _____	(_____ days) Reduction: % _____	Email <input type="checkbox"/>	Call <input type="checkbox"/>
FINAL SETTLEMENT Date/Time: _____ Confirm with _____		Email <input type="checkbox"/>	Call <input type="checkbox"/>
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 <input type="checkbox"/>	LOU only <input type="checkbox"/>	LOR + LOU <input type="checkbox"/>	LOR + LO <input type="checkbox"/> [Tick only one]
GIA/LTA Search	\$S _____		
Medical:	\$S _____	1) Claim status: Normal/Reject/Private Settle	
Disbursement:	\$S _____ (e.g. Tow/ Independent)	2) Report Format: _____	
Legal Cost	\$S _____	3) Survey fee: _____	
Total:	\$S _____	Global Sum \$S:	
FINAL PAYMENT Date/Time: _____ Confirm with: _____		Email <input type="checkbox"/>	Call <input type="checkbox"/>
Payee 1:	\$S _____	Name 1:	_____
Payee 2: (Strike if N.A.)	\$S _____	Name 2:	_____
Payee 3: (Strike if N.A.)	\$S _____	Name 3:	_____

ASSIGNMENT

From: _____ Date: 26/7/2018
 Estimated Cost: _____
 TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: SJZ 1575X
 at Workshop m/s Platinum Werkz
 of 53 Ubi Ave 1 # 01-25
 Insured: _____
 Policy No. _____
 Claims No. _____
 Sum Insured: _____ Excess: _____
 (Client's Record) Estimate not yet done.
 Make of Veh: _____

Veh No: SJZ1575X Yr Regn: 2010, Oct.
 Type: M.Ca / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Kia Cerato Forte Coup c.c. 1998
 Colour: Red. A/C: Insured / Std / NI / NA
 Sp. Reading: 58057. T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: KNAFW612MAS202337
 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: 215/45R17.
 R: 215/45R17.
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or _____

(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 (wp)
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Front _____ Rear _____
 R/Bal. 06 mm R/Bal. 06 mm
 L/Bal. 06 mm L/Bal. 06 mm
 D.O.A. _____ D.O.I. 26/07/18.
 Survey held at Platinum Werkz.
 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
	<u>TP AXA.</u>
	<u>MV : 29K.</u>
	<u>PV : 19.8K</u>
	<u>Nett : 9.2K.</u>

Date/Time, File Pass to? : Preli. Report : Final Report
 1) _____
 Date/Time, File Return to? _____
 2) _____
 Report Format : _____
 Lump Sum / I.B.I: (\$) _____)
 Days Of Repair: _____
 Resurvey No. of Trip: _____
 Add Fee: : Site Insp (\$)) : S + RS, SI
 : Interview (\$)) Photos
 : Tech. Invs (\$)) Others
 : Weekend (\$))
 Survey Fee: _____
 TOTAL _____