

15/5/2010

INS. CASE OWNER:

CC6 /AIG1801 5904, Aubh

LKK:
IDAC:

Surveyor: Adrian DOI: 20/8/18 Date / Time : 20/8/18
Registered in Merimen: 20/8/18

Pre-assign / CCU / FTE



Insured Vehicle No. : SLX 1023J Claim No. : _____
Name of Insured : _____ Policy No. : _____
Insured Tel No. : _____ HP: _____ Make / Model : _____
Excess Sec II :SS _____ D.O.A: 20/8/18 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

SLX 1023J → → → → →



INSRS:
WSP: peopu
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/Time	STAGE	DATE / PIC	
<u>SLX 1023J</u> <u>20/8/18</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"/>	<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"/>	

PRELIMINARY ADVICE Date/Time: _____ Sent By: _____
Post-Repair Photos:
Others:

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: \$\$
1) Claim status: Normal/Reject/Private Settle
2) Report Format:
3) Survey fee:

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: _____

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

Vehicle: **IN / OUT**

Date: _____ Person Contacted: _____

Veh No: SJY6785D Yr Regn: 1
 Type: M. Car M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Toyota Uios. c.c _____
 Colour: Grey. A/C: **Insured / Std / NI / NA**
 Sp. Reading: 126515. T/Radio: **Insured / Std / NI / NA**
 Eng/No: _____
 C/No: _____
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or _____
 Brake: In order / Jammed / Leaked / Burnt or _____
 Modi: Nil / S/Rim / STD A/Rim or _____
 Tyre Size: F: 185/60 R15
 R: 185/60R15.
 BS / DUN / EXNOVA / GY / FS / L/ZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Achilles.
 Front _____ Rear _____
 R/Bal. 06 mm R/Bal. 06 mm
 L/Bal. 06 mm L/Bal. 06 mm
 D.O.A. _____ D.O.I. 30/08/18
 Survey held at People.
 Des. of Damages: **Frnt / 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 ALG.

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