

19/5/2010

INS. CASE OWNER:

CC 3/AIG1801 6082, Kebb

LKK:
IDAC:

Survèyor: Flnnth. DOI: 2/1/18 Date / Time: 2/1/18
Registered in Merimen: 4/1/18

Pre-assign / CCU / FTE

Insured Vehicle No. : SJJ 8826K 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

SHC 5085L → → → →

INSRS: Trans INSRS: _____ INSRS: _____ INSRS: _____

WSP: Can. WSP: _____ WSP: _____ WSP: _____

Tel : _____ Tel : _____ Tel : _____ Tel : _____

Liability : _____ Liability : _____ Liability : _____ Liability : _____

RMKS: _____ RMKS: _____ RMKS: _____ RMKS: _____

| Date/ Time | STAGE | DATE / PIC |
|----------------------|-------------------------------------------------|---------------------------------------------------|
| <u>SHC 5085L - 4</u> | Non-Reporting ltr (1st): | |
| <u>SJJ 8826K - 4</u> | 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:

FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____
 Repair Cost: \$S (_____ 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: \$S

Loss of Rental (LOR): \$S (_____ days)

Loss of Use (LOU): \$S (S x _____ days)

Loss of Income (LOI): \$S (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:**

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

Payee 1: \$S Name 1: _____

Payee 2: (Strike if N.A.) \$S Name 2: _____

Payee 3: (Strike if N.A.) \$S Name 3: _____

ASS. REC. BY:

REF: A/G/

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s Trans Cob

of _____

Insured: _____

Policy No. _____

Claims No. _____

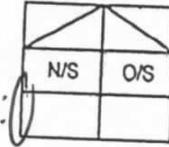
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent?: Yes or No

GIA / PR Seen: _____ Consistent?: Yes or No

Est. Repairs: 02 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

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

Veh No: SHC 50852 Yr Regn: 12, 13

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Traller or _____

Make: Renault Latitude c.c 1995

Colour: White A/C: Insured / Std / NI / NA

Sp. Reading 648861 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: VF1ABL15AUC 276024

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rlm / STD A/Rlm or

Tyre Size: F: 215/60R16

R: _____

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

TOYO / YOKO or Giti

Front

R/Bal. 8 mm Rear

L/Bal. 8 mm R/Bal. 8 mm

D.O.A. 30/8/18 L/Bal. 8 mm

D.O.I. 3/9/18

Survey held at ✓

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

N/S Rear

The U/C / Chassis frame / Body Structure affected due to collision.

| Date / Time | Action / Instruction |
|-------------|--------------------------------------------------------|
| <u>9/9</u> | <u>File pass to Catherine</u> <u>11 Sep @ 2050h</u> |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

Date/Time, File Pass to? : Prell. 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:

S + RS. \$

Photos

Others

TOTAL

Report Format :

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