

15/5/2010

INS. CASE OWNER:

CC 4/AIG1801 6093, Kpb

LKK:  
IDAC:

Surveyor: KSC

DOI: 5/11/18

Date / Time: 11/11/18

Registered in Merimen: 4/11/18

Pre-assign / CCU / FTE



Insured Vehicle No. : GMH 167L

Claim No. : \_\_\_\_\_

Name of Insured : \_\_\_\_\_

Policy No. : \_\_\_\_\_

Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_

Make / Model : \_\_\_\_\_

Excess Sec II :SS \_\_\_\_\_ D.O.A : 2/11/18

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

SGF 71890



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

BH mto



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time	STAGE	DATE / PIC
<u>SGF 71890 - 4</u>	Non-Reporting ltr (1st):	
<u>GMH 167L - 4</u>	Non-Reporting ltr (2nd):	
	Non-Reporting ltr (Final):	
	Notification ltr (if non-pickup):	
	Call OI:	
	After call ltr to OI:	
	<b>Documentation Check List:</b> 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"/>
<b>PRELIMINARY ADVICE</b> Date/Time:	Sent By:	Post-Repair Photos: <input type="checkbox"/>
<b>FINALIZATION</b> Date/Time:	Confirm with:	Others: <input type="checkbox"/>
Repair Cost: \$S	( days) Reduction: %	Email <input type="checkbox"/> Call <input type="checkbox"/>
<b>FINAL SETTLEMENT</b> 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	(S x days)	
Loss of Income (LOI): \$S	(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	2) Report Format:
Legal Cost	\$S	3) Survey fee:
<b>Total:</b>	<b>\$S</b>	<b>Global Sum \$S:</b>
<b>FINAL PAYMENT</b> 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:

ASS. REC. BY:

REF: AIG/

Kenneth

**ASSIGNMENT**

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

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

To Inspect Vehicle No: \_\_\_\_\_

at Workshop m/s BH

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: 819k

IDAC Accident Rpt: \_\_\_\_\_ Consistent? : Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No

Est. Repairs: 03 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: SGF 7189D Yr Regn: 04, 06

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

Truck / Trailer or \_\_\_\_\_

Make: Suz Swift c.c 1490

Colour: M.P. White A/C: Insured / Std / NI / NA

Sp. Reading: 251014 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: JSAE 8021500153881

Gen. Cond:  Good / Fair / Poor / Burnt

Steering:  Inorder / Jammed / Leaked / Burnt or

Brake:  Inorder / Jammed / Leaked / Burnt or

Mod:  Nil / S/Rim / STD A/Rim or

Tyre Size: F: 215/40R17

R: \_\_\_\_\_

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

TOYO / YOKO or Falken

Front \_\_\_\_\_ Rear \_\_\_\_\_

R/Bal. 3 mm R/Bal. 4 mm

L/Bal. 3 mm L/Bal. 4 mm

D.O.A. 2/9/18 D.O.I. 5/9/18

Survey held at \_\_\_\_\_

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

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

Date / Time	Action / Instruction
<u>6/19</u>	<u>File pass to Catherine</u>

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

1) \_\_\_\_\_  
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. SI
Fixtots
Others
TOTAL

Report Format : \_\_\_\_\_  
Lump Sum / I.B.I: (\$) \_\_\_\_\_