

INS. CASE OWNER:

CC 3/EQ11801 6129, #2 plb3

LKK:
IDAC:

Surveyor: Kalwin DOI: 2/9/18 Date / Time: Malix
Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : STU 5304L Claim No. : _____
Name of Insured : _____ Policy No. : _____
Insured Tel No. : _____ HP: _____ Make / Model : _____
Excess Sec II :SS _____ D.O.A : 1/9/18 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 1182m →



INSRS: CDGE
WSP: m
Tel : _____
Liability : _____
RMKS: _____



INSRS: _____
WSP: _____
Tel : _____
Liability : _____
RMKS: _____



INSRS: _____
WSP: _____
Tel : _____
Liability : _____
RMKS: _____



INSRS: _____
WSP: _____
Tel : _____
Liability : _____
RMKS: _____

Date/ Time	STAGE	DATE / PIC
<u>SHC 1182m - 7</u>	Non-Reporting ltr (1st):	
<u>STU 5304L - 7</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"/>
	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
	Others:	<input type="checkbox"/> <input type="checkbox"/>
PRELIMINARY ADVICE Date/Time: _____ Sent By: _____	Confirm by: _____	
FINALIZATION Date/Time: _____ Confirm with: _____	Confirm by: _____	
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)		
IOR 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: _____		

(08/11/13)

Surveyor: Kevin

REF:

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspected 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

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

Veh No: SHC 1183M Yr Regn: 5Jy, 2008

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

Truck / Trailer or

Make: Hyundai Zonig c.c. 1580

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

Sp. Reading: 22458 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHL851CVJ4103472

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 / or

Tyre Size: F: 195/65 R15

R: _____

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

TOYO / YOKO or Nexen

Front Rear

R/Bal. 7 mm R/Bal. 7 mm

L/Bal. 7 mm L/Bal. 7 mm

D.O.A. 1/9/08 D.O.I. 3/9/08

Survey held at CDHE (Loyang)

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

Rear

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

Date / Time	Action / Instruction
	EQ
	P11

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 (\$ _____) : Interview (\$ _____) : Tech. Invs (\$ _____) : Weekend (\$ _____)

Survey Fee: _____

Transportation: _____ \$ + RS. _____ \$

Photos _____

Others _____

TOTAL _____

