

INS. CASE OWNER:

CC 4/EQ1801 6587, Kwb3

LKK:
IDAC:

Surveyor: Kendeth. DOI: 11/11/18 Date / Time: 11/11/18
Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : GBH 216R Claim No. : _____
Name of Insured : _____ Policy No. : _____
Insured Tel No. : _____ HP: _____ Make / Model : _____
Excess Sec II :SS _____ D.O.A : 10/11/18 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

SUK 74093



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



INSRS:
WSP: _____
Tel: _____
Liability: _____
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INSRS:
WSP: _____
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INSRS:
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Date/ Time	STAGE	DATE / PIC	
<u>SUK 74093</u> <u>GBH 216R</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:	<input type="checkbox"/>	
	Others:	<input type="checkbox"/>	
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)			
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			
Disbursement: \$S (e.g. Tow/ Independent)	1) Claim status: Normal/Reject/Private Settle		
Legal Cost \$S	2) Report Format:		
	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: _____			

ASS. REC. BY:

REF: EQ /

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Estuan

of S/M

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.

<input type="checkbox"/>	<input type="checkbox"/>
N/S	O/S
<input type="checkbox"/>	<input type="checkbox"/>

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

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

Veh No: SLK 74097 Yr Regn: 01, 17

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

Truck / Trailer or

Make: Toy Prius c.c. 1798

Colour: M. Silver A/C: Insured / Std / NI / NA

Sp. Reading: 155996 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTDKB3FU003340154

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: NI / S/Rim / STD / R/Rim or

Tyre Size: Davanti 195/65R15

R: Yoko

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

Front

R/Bal. 7 mm

L/Bal. 7 mm

D.O.A. 10/9/18

Rear

R/Bal. 9 mm

L/Bal. 9 mm

D.O.I. 11/9/18

Survey held at _____

Des. of Damages: NI / 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>12/9</u>	<u>File pass to Catherine</u>

Date/Time, File Pass to?

: Prel. Report

: Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Transportation: _____ \$ + RS. _____ \$

Add Fee: : Site Insp (\$ _____)

: Interview (\$ _____)

: Tech Invs (\$ _____)

: Weekend (\$ _____)

Photos

Others

TOTAL

Report Format :

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