

INS. CASE OWNER:

CC

/EGIT 1900

LKK:

IDAC:

Surveyor:

Rabul

DOI:

10/10/18

Date / Time:

10/10/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

SFK 3018B

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II : \$

D.O.A :

8/10/18

Place of Accident :

Is driver the owner?

(YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability :

%

Final ? Yes / No

SJP 1705R



INSRS:

WSP:

Tel :

Liability :

RMKS:

Carlife



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/Time	STAGE	DATE / PIC
SJP 1705R SFK 3018B	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)	☐
	After call ltr to OI:	☐
	Authorisation To Act:	☐
	Release Voucher:	☐
	Final Repair Bill:	☐
	Car Rental Invoice:	☐
	Towing Invoice	☐
	LTA / GIA :	☐
Medical Bill:	☐	
PIR:	☐	
Mandate/Reject Instruction:	☐	
LOD	☐	
Payment Breakdown Form:	☐	
PRELIMINARY ADVICE Date/Time: Sent By:		
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)	1) Claim status: Normal/Reject/Private Settle
Legal Cost \$		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:	

Surveyor: *Ram*

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / ☒ / WS / TP RES / OD RES / EVA / INV / MVTo Inspect Vehicle No: *S2P 1705R*at Workshop m/s *XINYA AUTO*of *1002 BT MARCH LN 3 # 01-25*Insured: *ECI*

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: *10K*

IDAC Accident Report: _____ Consistent?: Yes or No

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

Est. Repairs: *3* 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: *S2P 1705R* Yr Regn: *2009 / MYR*Type: ☒ Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: *HUMMER H2 AVANTE 1.6* c.c. *1591*Colour: *GREEN* A/C: ☒ Insured / Std / NI / NASp. Reading: *179392* T/Radio: ☒ Insured / Std / NI / NA

Eng/No: _____

C/No: *KMH0415R9U710564*Gen. Cond: Good / ☒ Fair / Poor / BurntSteering: ☒ Inorder / Jammed / Leaked / Burnt orBrake: ☒ Inorder / Jammed / Leaked / Burnt orModi: ☒ Nil / S/Rim / STD A/Rim orTyre Size: F: *185/65R15*R: *-*

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

TOYO / YOKO or

Front _____ Rear _____

R/Bal. *6* mm R/Bal. *6* mmL/Bal. *6* mm L/Bal. *6* mmD.O.A. *08/10/18* D.O.I. *10/10/18*Survey held at *XINYA*

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

O/S REAR

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

Date / Time Action / Instruction

*Result,**Pls see my remarks.**10/04/19 Confirmed 4S \$1,000/- @ 3 days with Result.
(\$1,216.80 Red - 55%)*

Date/Time, File Pass to?

☐ : Preli. Report1) *Typ: 4*
Date/Time, File Return to?☒ : Final ReportDays Of Repair: *3*Resurvey No. of Trip: *1*

2)

Add Fee: ☐ : Site Insp (\$)☐ : Interview (\$)☐ : Tech. Invs (\$)☐ : Weekend (\$)

Survey Fee:

Transportation: _____

S + RS, \$

Photos

Others

TOTAL

Report Format :

Lump Sum / I.B.I. (\$ *1,000/- H/S*)