

15/5/2010

INS. CASE OWNER:

CC 4/AIG1801

LKK:

IDAC:

Surveyor:

DOI:

Date / Time :

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

Name of Insured :

Insured Tel No. :

Excess Sec II :\$

Is driver the owner?

(YES / NO)

HP:

D.O.A :

Nature of Accident :

Claim No. :

Policy No. :

Make / Model :

Place 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



INSRS:

WSP:

Tel :

Liability :

RMKS:

TOWER

transit



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/Time	STAGE	DATE / PIC
5/5/2010 - 4	Non-Reporting ltr (1st):	
5/5/2010 - 4	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:	
	Post-Repair Photos:	
	Others:	
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): \$	(S x days)	
Loss of Income (LOI): \$	(S 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: *Foran*

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: *SBS 3333X*at Workshop m/s *TOWER TRANSIT*of *BULIM DR*Insured: *4/4*

Policy No. _____

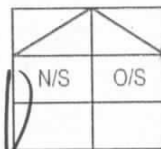
Claims No. _____

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: _____ 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: *SBS 3333X* Yr Regn: *2013 / MAY*
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: *VOLVO B9TL9.4L* c.c. *9368*Colour: *GREEN* A/C: Insured / Std / NI / NASp. Reading: *275460* T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: *WU 354 P52 7DA 158914*

Gen. Cond: Good / Fair / Poor / Burnt

Steering: *In order* / Jammed / Leaked / Burnt orBrake: *In order* / Jammed / Leaked / Burnt orModi: *NA* / S/Rim / STD A/Rim orTyre Size: F: *275/70R22-8*R: *-*BS / DUN / EXNOVA / GY / FS / LIZA / *MAZ* / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal. *8* mm R/Bal. *8/8* mmL/Bal. *8* mm L/Bal. *8/8* mmD.O.A. *20/10/18* D.O.I. *25/10/18*Survey held at *TOWER TRANSIT*

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

N/S RAMP

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

Date / Time Action / Instruction

Date/Time, File Pass to?

☐

Preli. 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, SI

Photos

Others

TOTAL

Report Format: _____

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