

15/5/2010

INS. CASE OWNER:

CC 3 WR
ATG1801 9993, Kpb3

LKK:
IDAC:

Surveyor: Kinneth

DOI: 7/10/18

Date / Time : 27/10/18

Registered in Merimen: 25/10/18

Pre-assign / CCU / FTE



Insured Vehicle No. : SLC 1789T
Name of Insured : WR
Insured Tel No. : _____ HP: _____
Excess Sec II : \$S _____ D.O.A : 10/10/18
Is driver the owner? (YES / NO) 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

SHB 7682E → → → →



INSRS: trans
WSP: cab
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
<u>SHB 7682E - 4</u>	Non-Reporting ltr (1st):	
<u>SLC 1789T - 4</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 with: _____	Confirm by: _____
FINALIZATION Date/Time: _____	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. : _____	Repair Cost: \$S _____	If NO or B 28, Ass. Lia : _____
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)	Legal Cost \$S _____	1) Claim status: Normal/Reject/Private Settle
Total: \$S _____	Global Sum \$S: _____	2) Report Format: _____
FINAL PAYMENT Date/Time: _____	Confirm with: _____	3) Survey fee: _____
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 / MY

To Inspect Vehicle No: _____

at Workshop m/s Tans Cab

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.

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

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent?: Yes or No

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

Est. Repairs: 02 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: S4B 7682 E Yr Regn: 06, 12

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

Make: Chevrolet Epic c.c. 1991

Colour: White / Red A/C: Insured / Std / NI / NA

Sp. Reading: 396697 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KL1LA69RTJB 092379

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: HL / S/Rim / STD A/Rim or

Tyre Size: F: 195/65R15

R: _____

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

Front _____ Rear _____

R/Bal. 9 mm R/Bal. 9 mm

L/Bal. 9 mm L/Bal. 9 mm

D.O.A. 19/10/18 D.O.I. 23/10/18

Survey held at _____

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

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

Date / Time	Action / Instruction
<u>24/10</u>	<u>File pass to Catherine</u> <u>61 Bay @ 2100</u>

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

1) Date/Time, File Return to? _____

2) _____

Days Of Repair: _____

Resurvey No. of Trlp: _____

- Add Fee: : Site Insp (\$ _____)
- : Interview (\$ _____)
- : Tech Invs (\$ _____)
- : Weekend (\$ _____)

Survey Fee:	_____
Transportation:	_____
S + RS. SI	_____
Fuel/Trs	_____
Others	_____
TOTAL	_____

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