

15/5/2010

INS. CASE OWNER:

CC 4 / AXA1802

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:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

	YN 16892-4	XD 50064-4	STAGE	DATE / PIC
			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:	Post-Repair Photos:	☐	☐
				Others:	☐	☐
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)				
Legal Cost	\$\$					
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:				

ASS. REC. BY:

REF: *A/G**Kenneth*

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____ *Cheng Hwa*

of _____

Insured: _____

Policy No. _____

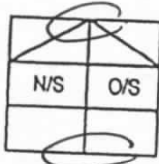
Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.Bal. or Market Value: *823/c*

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: _____ 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: *YN1689L* Yr Regn: *09, 10*

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

Truck / Traller or

Make: *Hitachi* c.c. *2977*Colour: *Blue* A/C: Insured / Std / NI / NASp. Reading: *244063* T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: *FE 83BEA 20328*Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: Nil / S/Rim / STD A/Rim orTyre Size: F: *hic* *700R16x8*
R: *yoko* *185R14x8(10)*

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

TOYO / YOKO or

Front

R/Bal. *8* mmL/Bal. *8* mmD.O.A. *11/1/18*

Rear

R/Bal. *99* mmL/Bal. *99* mmD.O.I. *22/11/18*

Survey held at _____

Des. of Damages: 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

23/11 File pass to Catherine, est not ready

Date/Time, File Pass to?

☐ : Prell. Report☐ : Final Report

1)

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 + R.S. \$ _____

Fines/

Others

TOTAL

Report Format :

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