

15/5/2010

INS. CASE OWNER:

CC 6 /AIG1802

LKK:

IDAC:

Surveyor:

DOI:

Date / Time :

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :\$\$

D.O.A :

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



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time	STAGE	DATE / PIC
SKB MPAX SOP 37280	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:	☐	
Post-Repair Photos:	☐	
Others:	☐	

PRELIMINARY ADVICE Date/Time:		Sent By:	
FINALIZATION Date/Time:		Confirm with:	
Repair Cost:	\$\$	(days) Reduction:	%
		Email ☐ Call ☐	
FINAL SETTLEMENT Date/Time:		Confirm with:	
Final Liability:	%	(Agreed / Assessed) BOLA S/N No. :	
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)	
Legal Cost	\$\$		
Total:	\$\$	Global Sum \$:	
FINAL PAYMENT Date/Time:		Confirm with:	
Payee 1:	\$\$	Name 1:	
Payee 2: (Strike if N.A.)	\$\$	Name 2:	
Payee 3: (Strike if N.A.)	\$\$	Name 3:	

ASS. REC. BY:

REF:

Adrian

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

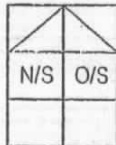
Claims No. _____

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: _____

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: _____ Vehicle: IN / OUT

Person Contacted: _____

Veh No: SKB2249X Yr Regn: 2011 MayType: M/Car / M/Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Kia Canto Forte c.c 1591Colour Blue A/C: Insured / Std / NI / NASp. Reading 187958 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KNAFW411LAS75291Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 215/45R17R: 215/45R17

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

TOYO / YOKO or Roadstone

Front

Rear

R/Bal. 06 mm R/Bal. 06 mmL/Bal. 06 mm L/Bal. 06 mmD.O.A. _____ D.O.I. 23/11/18Survey held at Mr SolutionDes. 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

79 AUGMV: 25K.PV: 18.7KNett. 63K

Date/Time, File Pass to?

Date/Time, File Return to?

1)

2)

3)

4)

5)

6)

Preli. Report:

Final Report:

Part Prices Check:

IN

OUT

Survey Fee:

Date:

Basic & Add.

S + RS, SI

Photos

Others

TOTAL