

15/5/2010  
 INS. CASE OWNER: Jas | CC 4 / AXA1802 2088, Kleb3 | LKK: \_\_\_\_\_ IDAC: \_\_\_\_\_

Surveyor: Kalwin | DOI: 20/10/18 | Date / Time: 20/10/18  
 Registered in Merimen: \_\_\_\_\_

**Pre-assign / CCU / FTE**  
 Insured Vehicle No. : PC 6105L | Claim No. : S8M01R5189708  
 Name of Insured : \_\_\_\_\_ | Policy No. : \_\_\_\_\_  
 Insured Tel No. : \_\_\_\_\_ | HP: \_\_\_\_\_ | Make / Model : \_\_\_\_\_  
**Excess Sec II : \$\$** | D.O.A : 20/10/18 | Place of Accident : \_\_\_\_\_  
 Is driver the owner? ( YES / NO ) | Nature of Accident : \_\_\_\_\_  
 If NO, Driver Name / Age : \_\_\_\_\_ | OI GIA REPORT: YES / NO : \_\_\_\_\_ TP GIA REPORT: YES / NO : \_\_\_\_\_  
 Driver Tel No. : \_\_\_\_\_ | (V/L: YES / NO ) | Insured Liability : \_\_\_\_\_ % | Final ? Yes / No : \_\_\_\_\_

SHC 6033E → → → → →  
 INSR: Premier | INSR: \_\_\_\_\_ | INSR: \_\_\_\_\_ | INSR: \_\_\_\_\_  
 WSP: \_\_\_\_\_ | WSP: \_\_\_\_\_ | WSP: \_\_\_\_\_ | WSP: \_\_\_\_\_  
 Tel: \_\_\_\_\_ | Tel: \_\_\_\_\_ | Tel: \_\_\_\_\_ | Tel: \_\_\_\_\_  
 Liability: \_\_\_\_\_ | Liability: \_\_\_\_\_ | Liability: \_\_\_\_\_ | Liability: \_\_\_\_\_  
 RMKS: \_\_\_\_\_ | RMKS: \_\_\_\_\_ | RMKS: \_\_\_\_\_ | RMKS: \_\_\_\_\_

Date/ Time	STAGE	DATE / PIC	
<u>SHC 6033E - 4/10/18 (14) / 20/10/18</u> <u>PC 6105L - 4</u> <u>* amount claim = NETUAL</u> <u>- OI NR</u>	Non-Reporting ltr (1st):		
	Non-Reporting ltr (2nd):		
	Non-Reporting ltr (Final):		
	Notification ltr (if non-pickup):		
	Call OI:		
	After call ltr to OI:		
	<b>Documentation Check List:</b>		<b>Handler</b> <b>Typist</b>
	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"/>	

**PRELIMINARY ADVICE** Date/Time: \_\_\_\_\_ Sent By: \_\_\_\_\_ Confirm by: \_\_\_\_\_  
 Post-Repair Photos:

**FINALIZATION** Date/Time: \_\_\_\_\_ Confirm with: \_\_\_\_\_ Confirm by: \_\_\_\_\_  
 Repair Cost: \$S ( \_\_\_\_\_ 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: \$S  
 Loss of Rental (LOR): \$S ( \_\_\_\_\_ days)  
 Loss of Use (LOU): \$S (S x \_\_\_\_\_ days)  
 Loss of Income (LOI): \$S (S x \_\_\_\_\_ days)  
 LOR only  LOU only  LOR + LOU  LOR + LO  [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  
 2) Report Format: \_\_\_\_\_  
 3) Survey fee: \_\_\_\_\_

**Total:** \$S **Global Sum \$S:** \_\_\_\_\_

**FINAL PAYMENT** Date/Time: \_\_\_\_\_ Confirm with: \_\_\_\_\_ Email  Call   
 Payee 1: \$S Name 1: \_\_\_\_\_  
 Payee 2: (Strike if N.A.) \$S Name 2: \_\_\_\_\_  
 Payee 3: (Strike if N.A.) \$S Name 3: \_\_\_\_\_

Surveyor: Kalvin

REF:

### ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

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

To Inspected 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.

N/S	O/S

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: SHC 6033E Yr Regn: 13 Jan 2014

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

Truck / Trailer or \_\_\_\_\_

Make: KIA optima c.c. 1600

Colour: Silver A/C: Ins Ed / Std / NI / NA

Sp. Reading: 536697 T/Radio: Ins Ed / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: KNAGM414ME546354

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inor Ed / Jammed / Leaked / Burnt or

Brake: Inor Ed / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / SD A/Rim or

Tyre Size; F: \_\_\_\_\_

R: 205/65R16

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

TOYO / YOKO or Man Koa

Front \_\_\_\_\_ Rear \_\_\_\_\_

R/Bal. 7 mm R/Bal. 7 mm

L/Bal. 7 mm L/Bal. 7 mm

D.O.A. 22/12/08 D.O.I. 26/12/08

Survey held at Premise

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

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

Date / Time	Action / Instruction
	<u>ASA</u>
	<u>Verbal</u>

Date/Time, File Pass to?  : Prel. Report

1)  : Final Report

Date/Time, File Return to?

2) \_\_\_\_\_

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

Survey Fee:	
Transportation:	
_____ S + RS _____ SI	
Photos	
Others	
TOTAL	

Add Fee:  : Site Insp (\$ \_\_\_\_\_ )

: Interview (\$ \_\_\_\_\_ )

: Tech. Invs (\$ \_\_\_\_\_ )

: Weekend (\$ \_\_\_\_\_ )

Report Format: \_\_\_\_\_

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