

15/5/2010

INS. CASE OWNER:

CCP/AIG1802

LKK:

IDAC:

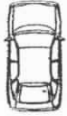
Surveyor:

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)

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	
5/10/10 5/10/10 - 15/10/10 5/10/10 - 15/10/10 5/10/10 - 15/10/10 5/10/10 - 15/10/10 5/10/10 - 15/10/10 5/10/10 - 15/10/10 5/10/10 - 15/10/10 5/10/10 - 15/10/10 5/10/10 - 15/10/10 5/10/10 - 15/10/10 5/10/10 - 15/10/10 5/10/10 - 15/10/10 5/10/10 - 15/10/10 5/10/10 - 15/10/10	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)	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:	

ASS. REC. BY:

REF: A141Kenneth

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. _____

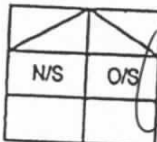
Sum Insured: _____

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 Report: _____

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

Date / Time

Action / Instruction

31/12File pass to NINTP, CH not ready

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Report Format :

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

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:

☐

: Site Insp (\$ _____)

☐

: Interview (\$ _____)

☐

Tech Invs (\$ _____)

☐

Weekend (\$ _____)

Survey Fee:

Transportation:

S - RS. SI

Photos

Others

TOTAL

Veh No: STN 9413RYr Regn: 03.09Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Traller or

Make: ToyViol

c.c.

1.4.97Colour: M. Silver

A/C:

Insured / Std / NI / NA

Sp. Reading: 239563

T/Radio:

Insured / Std / NI / NA

Eng/No: _____

C/No: NR0531479305102395Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModl: Nil / S/Rim / STD A/Rim or

Tyre Size: F: _____

R: _____

205/50R16

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

TOYO / YOKO or

Wentalk

Front

Rear

R/Bal. 3 mmR/Bal. 2 mmL/Bal. 3 mmL/Bal. 2 mmD.O.A. 15/12/18D.O.I. 29/12/18

Survey held at _____

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop oro/s body

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