

15/5/2010

INS. CASE OWNER:

CC /EQI1900

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 :SS

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

GIBD 34754



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
	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:	SS	(days) Reduction: %
		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time:	Confirm with:
Final Liability:	%	(Agreed / Assessed) BOLA S/N No. :
Repair Cost:	SS	
Loss of Rental (LOR):	SS	(days)
Loss of Use (LOU):	SS	(S x days)
Loss of Income (LOI):	SS	(S x days)
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LO ☐		[Tick only one]
GIA/LTA Search	SS	
Medical:	SS	
Disbursement:	SS	(e.g. Tow/ Independent)
Legal Cost	SS	
Total:	SS	Global Sum SS:
FINAL PAYMENT	Date/Time:	Confirm with:
		Email ☐ Call ☐
Payee 1:	SS	Name 1:
Payee 2: (Strike if N.A.)	SS	Name 2:
Payee 3: (Strike if N.A.)	SS	Name 3:

Surveyor

ASSIGNMENT

From: Date: 03012019

Estimated Cost:

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

To Inspect Vehicle No: GB 3975Y

at Workshop m/s

Abwim Service

of

8 Kaki Bukit Ave 4 #07-48

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

1pm

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

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: GB 3975Y Yr Regn: 10, 14

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

Truck / Trailer or CM /

Make: Nissan cabstar C.C 295-3

Colour: S.hav A/C: Insured / Std / NI / NA

Sp. Reading: 12368 T/Radio: Insured / Std / NI / NA

Eng/No:

ChNo:

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195-R15-

R: 155-R13

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

TOYO / YOKO or

Front

Rear

R/Bal. 6 mm

R/Bal. 6/6 mm

L/Bal. 6 mm

L/Bal. 6/6 mm

D.O.A. 22/12/18

D.O.I. 3/1/19

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

LTA 30073

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee: ☐ : Site Insp (\$)

) S + RS, SI

☐ : Interview (\$)

) Photos

☐ : Tech. Invs (\$)

) Others

☐ : Weekend (\$)

)

Report Format :

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

TOTAL