

15/5/2010

INS. CASE OWNER:

CC 4 / III 1900

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

Date/ Time	STAGE	DATE / PIC
SHE 27/05 - K SHE 6000 - C (18/03/08) / P 23/08 - 6 (1/10)	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:	☐	
Post-Repair Photos:	☐	
Others:	☐	

PRELIMINARY ADVICE Date/Time:		Sent By:		Confirm by:	
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:	
Total:	\$\$	Global Sum \$\$:		3) Survey fee:	
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:			

Gurukul

REF:

ASSIGNMENT

CBE Dec 2025

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.

☒	☐
N/S	O/S

Bal. or Market Value:

IDAC Accident Rpt: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 6 days Res.: Yes or No

Lump Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: Person Contacted:

Vehicle: IN / OUT

Veh No. SHC2123E

Yr Regn. 2017 Dec

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

Truck / Trailer or

Make: Hyundai I40

C.C. 1685

Colour: Blue

A/C: Insured / Std / NI / NA

Sp. Reading: 165922

T/Radio: Insured / Std / NI / NA

Eng/No: D4FDHU730959

C/No: KMHLB41UMHU100087

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205/60 R16

R: — " —

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

TOYO / YOKO or

Camper

Front

Rear

R/Bal. 5 mm

R/Bal. 5 mm

L/Bal. 5 mm

L/Bal. 5 mm

D.O.A. 26/01/2019

D.O.I. 29/01/2019

Survey held at Chuppi AMK

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

H/S Front

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

Date / Time

Action / Instruction

III SHA 6022Y

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

) \$ + RS \$

) Photos

) Others

TOTAL

Report Format :

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

Add Fee: ☐ : Site Insp (\$☐ : Interview (\$☐ : Tech. Invs (\$☐ : Weekend (\$