

15/5/2010

INS. CASE OWNER:

CC 6 / CTI1900 (1909, Aeb3)

LKK:
IDAC:

Surveyor: Adrian

DOI: 8/1/10

Date / Time: 12/1/10

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : SJT 39314
Name of Insured : _____
Insured Tel No. : _____ HP: _____

Claim No. : _____

Policy No. : _____

Make / Model : _____

Excess Sec II : \$\$ _____ D.O.A. : 8/1/10

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

slc 9189H



INSRS: _____
WSP: Mo Beng
Tel : _____
Liability : _____
RMKS: _____



INSRS: _____
WSP: _____
Tel : _____
Liability : _____
RMKS: _____



INSRS: _____
WSP: _____
Tel : _____
Liability : _____
RMKS: _____



INSRS: _____
WSP: _____
Tel : _____
Liability : _____
RMKS: _____

Date/Time	STAGE	DATE / PIC
<u>5/9/10 - x</u>		
<u>SJT 39314 - x</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:	
	Documentation Check List: Handler Typist	
	Notification ltr (if non-pickup)	<input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/>
	Towing Invoice:	<input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/>
	PIR:	<input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/>
	LOD	<input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/>
PRELIMINARY ADVICE Date/Time:	Sent By:	Post-Repair Photos: <input type="checkbox"/>
		Others: <input type="checkbox"/>
FINALIZATION Date/Time:	Confirm with:	Confirm by:
Repair Cost: \$S	(days) Reduction: %	Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT Date/Time:	Confirm with	Email <input type="checkbox"/> Call <input type="checkbox"/>
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	(\$ x days)	
Loss of Income (LOI): \$S	(\$ x days)	
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOU <input type="checkbox"/>	[Tick only one]	
GIA/LTA Search	\$S	
Medical:	\$S	1) Claim status: Normal/Reject/Private Settle
Disbursement:	\$S (e.g. Tow/ Independent)	2) Report Format:
Legal Cost	\$S	3) Survey fee:
Total: \$S	Global Sum \$S:	
FINAL PAYMENT Date/Time:	Confirm with:	Email <input type="checkbox"/> Call <input type="checkbox"/>
Payee 1:	\$S Name 1:	
Payee 2: (Strike if N.A.)	\$S Name 2:	
Payee 3: (Strike if N.A.)	\$S 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: _____

Veh No: SLC9785H Yr Regn: 2006 / June
 Type: Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Mini Cooper Cabriolet c.c 1598
 Colour: Grey A/C: Insured / Std / Nil / NA
 Sp. Reading: 129962 T/Radio: Insured / Std / Nil / NA

Eng/No: _____
 C/No: WMWRH32040TK51386
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or _____
 Brake: Good / Jammed / Leaked / Burnt or _____
 Modi: Nil / S/Rim / STD A/Rim or _____
 Tyre Size: F: 215/45R17
 R: 215/45R17
 BS / DUN / EXNOVA / GY / FS / LIZA / MG / OHTSU / PIR / SUMI /
 TOYO / YOKO or _____

(Policy Condition)
 Remark: The veh had commenced its
 repair at the time of inspection.

N/S	O/S

Bal. or Market Value: _____
 IDAC Accident Rport: _____ 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

Front _____ Rear _____
 R/Bal. 06 mm R/Bal. 06 mm
 L/Bal. 96 mm L/Bal. 06 mm
 D.O.A. _____ D.O.I. 28/01/19
 Survey held at Hb Bery
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Rear N/S.
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>TP Union.</u>
	<u>COE Expiry: 31/05/26</u>
	<u>MV: 521K</u>
	<u>PV: 3351K</u>
	<u>Nett: 78.5K</u>

Date/Time, File Pass to?	Date/Time, File Return to?	Part Prices Check:		Survey Fee:	Date:					
1) _____	2) _____	IN	OUT	Basic & Add.	<table border="1"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>					
3) _____	4) _____			___ S + RS, ___ SI						
5) _____	6) _____			Photos						
Prel. Report:				Others						
Final Report:				TOTAL						