

15/5/2010

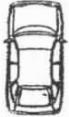
INS. CASE OWNER:

valc. | CC ^{asm} AXA1900 2378, 12/2/10

LKK:
IDAC:

Surveyor: Kalvin DOI: 2/2/10 Date / Time: 11/2/10
Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : PC 7755D

Claim No. : SM01061 (2378)

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$ \$ D.O.A : 2/2/10

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

SHB 8055J → → → → →



INSRS:
WSP: Premier
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
<u>SHB8055J - 7</u>		<u>PC 7755D - 7</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: _____

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)

Legal Cost \$ \$

1) Claim status: Normal/Reject/Private Settle

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: _____

Surveyor: Kalvin

REF: _____

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
OD/TP/WS/TP RES/OD RES/EVA/INV/MV
 To Insp'd Vehicle No: _____
 at Workshop m/s _____
 of _____
 Insured: _____
 Policy No. _____
 Claims No. _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

Veh No: SHB 8055J Yr Regn: 3 Aug, 2016
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Truck / Prime Mover /
 Truck / Trailer or _____
 Make: Hyundai C.C. 1582
 Colour: Silver A/C: Insured / Std / Nil / NA
 Sp. Reading: 231532 T/Radio: Insured / Std / Nil / NA
 Eng/No: _____
 C/No: TMA02814VHJ12/482
 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/Rim 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 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

Tyre Size; F: 195/65R15
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Maxxis
 Front 7 mm R/Bal. 7 mm
 L/Bal. 7 mm Rear 7 mm
 D.O.A. 2/2/19 D.O.I. 12/2/19
 Survey held at Premier

CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____
 Vehicle: IN / OUT

Des. of Damages: Fnt / Rear / O/S / N/S / U/C / Rooftop or
w/s Front
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>AxA.</u>
	<u>111</u>

Date/Time, File Pass to? : Prel. Report
 : Final Report
 1) _____
 Date/Time, File Return to?

Days Of Repair: _____
 Resurvey No. of Trip: _____

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

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

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