

15/5/2010

CC3 /AIG1900 1626, K163

LKK:
IDAC:

INS. CASE OWNER:

Surveyor: Kenneth DOI: 17/2/10 Date / Time: 17/2/10
Registered in Merimen: 17/2/10

Pre-assign / CCU / FTE



Insured Vehicle No. : SLP 4951C
Name of Insured : _____
Insured Tel No. : _____ HP: _____
Excess Sec II : \$\$ _____ D.O.A : 8/1/10
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

SHC 5957X



INSRS: Tobias
WSP: Cab
Tel : _____
Liability : _____
RMKS: _____



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



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



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

Date/ Time	STAGE	DATE / PIC
<u>SHC 5957X - 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: _____

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: \$\$ 1) Claim status: Normal/Reject/Private Settle

Disbursement: \$\$ (e.g. Tow/ Independent) 2) Report Format: _____

Legal Cost \$\$ 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: _____

Kenneth

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: _____
 at Workshop m/s Trans Cab
 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.

<input type="checkbox"/>	<input type="checkbox"/>
N/S	O/S
<input type="checkbox"/>	<input type="checkbox"/>

Bal. or Market Value: _____
 IDAC Accident Rpt: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: 2 1/2 days Res.: Yes or No
 Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: S1405957X Yr Regn: 03, 15
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Traller or _____
 Make: PENAUAT Longitude c.c. 1995
 Colour: M. White 19w A/C: Insured / Std / NI / NA
 Sp. Reading: 557772 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: V11 ABL 15 AUC 281474
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or _____
 Brake: In order / Jammed / Leaked / Burnt or _____
 Mod: M11 / S/Rim / STD A/Rim or _____
 Tyre Size: F: 215/60R16
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Giti
 Front R/Bal. 8 mm Rear R/Bal. 8 mm
 L/Bal. 8 mm L/Bal. 8 mm
 D.O.A. 8/2/19 D.O.I. 12/2/19
 Survey held at _____
 Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or
N/S Fr body
 The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
<u>11</u>	<u>File pass to</u> <u>61 Long @ 26506</u>

Date/Time, File Pass to? : Prell. Report
 : Final Report

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

Date/Time, File Return to? _____
 Report Format : _____
 Lump Sum / I.B.I. (\$) _____

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

Survey Fee: _____
 Transportation: _____
 S + RS. \$ _____
 Fixturs _____
 Others _____
 TOTAL _____