

15/5/2010

INS. CASE OWNER:

CC 4/AIG1900

LKK:
IDAC:

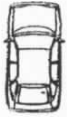
Surveyor:

DOI:

Date / Time :

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

Name of Insured :

Insured Tel No. :

Excess Sec II :\$

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. :

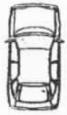
(V/L: YES / NO)

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability :

%

Final ? Yes / No



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: 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. :
Repair Cost:	\$	If NO or B 28, Ass. Lia :
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	\$	
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:

ASS. REC. BY:

REF: *M61**Kenneth*

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. _____

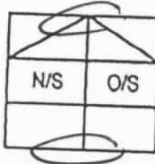
Sum Insured: _____

Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.

Bal. or Market Value: _____

IDAC Accident Rpt: _____

Consistent? : Yes or No

GIA / PR Seen: _____

Consistent? : Yes or No

Est. Repairs: _____

04

days

Res.: Yes or No

Lum Sum: _____

1.8.1

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____

Person Contacted: _____

Vehicle: IN / OUT

Date / Time

Action / Instruction

1 *File pass to*

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Survey Fee: _____

Transportation: _____

S - RS. SI

Photos

Others

TOTAL

Report Format :

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

Veh No: *S67 261PE*Yr Regn: *10, 17*Type: *M.Car* / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Traller or

Make: *Toy**Pro*

c.c

*1788*Colour: *M.P. White*

A/C:

Insured / Std / NI / NA

Sp. Reading *118184*

T/Radio:

Insured / Std / NI / NA

Eng/No: _____

C/No: *JTDKB3FU103 562552*Gen. Cond: *Good* / Fair / Poor / BurntSteering: *In order* / Jammed / Leaked / Burnt orBrake: *In order* / Jammed / Leaked / Burnt orModl: *NII* / S/Rlm / STD A/Rlm or

Tyre Size: F: _____

R: _____

195 / 65 R15

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or

Front

Rear

R/Bal. *9*

mm

R/Bal. *9*

mm

L/Bal. *9*

mm

L/Bal. *9*

mm

D.O.A. *2/3/19*D.O.I. *6/3/19*

Survey held at _____

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

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