

15/5/2010

INS. CASE OWNER:

CC 6/AIG1900

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		STAGE	DATE / PIC
	Shu 3715X 3 hr (in m... 18) the date = 9/7/10	Non-Reporting ltr (1st):	
	Shu 4999	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:	

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)	
---------------	----	--------------------------	--

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:	
---------------------------	----	---------	--

(08/11/13) wef
ASS. REC. BY: Marcus

REF:

ATL

ASSIGNMENT

From:

Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

SME 3715X

at Workshop m/s

fl.

of

Insured:

SLK 99999

Policy No.

Claims No.

Sum Insured:

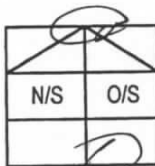
Excess:

(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:

days Res.: Yes or No

Lum Sum:

% 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

53756

Vehicle: IN / OUT

Date:

Person Contacted:

Date / Time

Action / Instruction

LTA 39892

Veh No:

SME 3715X

Yr Regn:

91 18

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

Truck / Trailer or

CA

Make:

Seat Ibiza

c.c

999

Colour

orange

A/C:

Insured / Std / NI / NA

Sp. Reading

6031

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

VS 5222KJ2JR133883

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:

195/55R16

R:

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

TOYO / YOKO or

Continental

Front

Rear

R/Bal.

mm

R/Bal.

mm

L/Bal.

mm

L/Bal.

mm

D.O.A.

9/3/19

D.O.I.

12/3/19

Survey held at

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

Rear & L.H.

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

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:

) S + RS SI

) Photos

) Others

TOTAL

Report Format :

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

Add Fee:

☐

: Site Insp (\$)

☐

: Interview (\$)

☐

: Tech. Invs (\$)

☐

: Weekend (\$)