

15/5/2010

INS. CASE OWNER:

CC 6/AIG1900 5177, A 663

LKK:
IDAC:

Surveyor: Adnan

DOI: 2/7/10

Date / Time: 2/7/10

Registered in Merimen: 2/7/10

Pre-assign / CCU / FTE



Insured Vehicle No. : SKX 5197B

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$\$ _____ D.O.A : 2/7/10

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

SKX 5197B



INSRS: _____
WSP: mg solution
Tel : _____
Liability : _____
RMKS: _____



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



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



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

Date/ Time	STAGE	DATE / PIC
<u>2/7/10</u>	Non-Reporting ltr (1st):	
<u>2/7/10</u>	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"/>
	Post-Repair Photos:	<input type="checkbox"/>
	Others:	<input type="checkbox"/>

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: \$\$ _____
 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: _____

ASS. REC. BY:

REF:

Adrian

ASSIGNMENT

From:

Date:

Veh No:

SLP1907B

Yr Regn:

2017, May

Estimated Cost:

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

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

Truck / Trailer or

To inspect Vehicle No:

Make:

Hyundai: Elantra.

c.c

1591

at Workshop m/s

Colour:

Grey.

A/C:

Insured / Std / NI / NA

of

Sp. Reading

77116.

T/Radio: Insured / Std / NI / NA

Insured:

Eng/No:

Policy No.

C/No:

KM17D841CMJ464491

Claims No.

Gen. Cond:

Good / Fair / Poor / Burnt

Sum Insured:

Excess:

Steering: Inorder / Jammed / Leaked / Burnt or

(Client's Record)

Brake: Inorder / Jammed / Leaked / Burnt or

Make of Veh:

Modi: Nil / S/Rim / STD A/Rim or

(Policy Condition)

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

N/S	O/S

Tyre Size: F:

215/45R17.

R:

215/45R17.

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

Bal. or Market Value:

Front

Rear

IDAC Accident Rport:

Consistent?: Yes or No

R/Bal.

06

mm

R/Bal.

06

mm

GIA / PR Seen:

Consistent?: Yes or No

L/Bal.

06

mm

L/Bal.

06

mm

Est. Repairs:

days

Res.: Yes or No

D.O.A.

D.O.I.

21/03/19.

Lum Sum:

%

3 Val.: Yes or No

Survey held at

MG Solution.

CA / REV / REP. / 24 HRS

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

Date:

Person Contacted:

Vehicle: IN / OUT

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

Date / Time

Action / Instruction

TP AIG.

MV:

PV:

Nett:

Date/Time, File Pass to?

Date/Time, File Return to?

Part Prices Check:

Survey Fee:

Date:

1)

2)

IN

OUT

Basic & Add.

3)

4)

__ S + RS, __ SI

5)

6)

Photos

Prel. Report:

Others

Final Report:

TOTAL