

15/5/2010

INS. CASE OWNER:

CC 3 / AXA1900

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 :\$S

Is driver the owner?

(YES / NO)

HP:

D.O.A :

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

SMB 7615A



INSRS:

WSP:

Tel :

Liability :

RMKS:

Trans
sub.

INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time	STAGE	DATE / PIC	
SMB 7615A - 4	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: _____			
FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____			
Repair Cost:	\$S	(days) Reduction: % Email ☐ Call ☐	
FINAL SETTLEMENT Date/Time: _____ Confirm with: _____ Email ☐ Call ☐			
Final Liability:	%	(Agreed / Assessed) BOLA S/N No. :	
Repair Cost:	\$S	If NO or B 28, Ass. Lia :	
Loss of Rental (LOR):	\$S	(days)	
Loss of Use (LOU):	\$S	(\$ x days)	
Loss of Income (LOI):	\$S	(\$ x days)	
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LO ☐	[Tick only one]		
GIA/LTA Search	\$S		
Medical:	\$S		
Disbursement:	\$S	(e.g. Tow/ Independent)	
Legal Cost	\$S		
Total:	\$S	Global Sum \$S:	
FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email ☐ Call ☐			
Payee 1:	\$S	Name 1:	
Payee 2: (Strike if N.A.)	\$S	Name 2:	
Payee 3: (Strike if N.A.)	\$S	Name 3:	

ASS. REC. BY:

REF: ADA/Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Tans Cab

of _____

Insured: _____

Policy No. _____

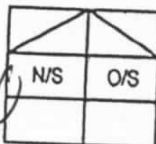
Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 03 days Res.: Yes or NoLum Sum: LB1 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: S14B 7615A Yr Regn: 12, 18

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

Truck / Traller or

Make: Zoy Provis c.c. 1798Colour: M. P. White 1st A/C: Insured / Std / NI / NASp. Reading: 40521 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTDKB 31F4 610 3077100

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: Nil / S/Rim / STD / Rim or

Tyre Size: F: Giti 195/65R15R: Yoko

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

TOYO / YOKO or

Front

Rear

R/Bal. 9 mm R/Bal. 8 mmL/Bal. 9 mm L/Bal. 8 mmD.O.A. 17/3/19 D.O.I. 21/3/19

Survey held at

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

N/S Rec

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

1) File pass to
01993.73

Date/Time, File Pass to?

☐ : Prell. Report☐ : Final Report

1)

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. \$

Fixtots

Others

TOTAL

Report Format :

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