

LKK:	
IDAC:	

Survivor:

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)

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
1. General Liability		
2. Professional Liability		
3. Directors and Officers		
4. Employment Practices		
5. Automobile Liability		
6. Aircraft Liability		
7. Watercraft Liability		
8. Umbrella Liability		
9. Other		

SMF 27390



INSRS:

WSP:

Tel :

Liability

RMKS:



INSPS.

WSP:

Tel :

Liability :

RMKS:



INDEX.

INSR
WSP-

Tel :

Liability :

RMKS.



INTRODUCTION

INSR
WSP

Tel :

Liability :

BANKS.

[illegible]

Taufik

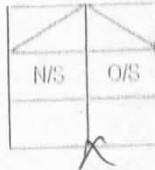
REF:

IV

INSURANCE

2018 out.

Form Date
Estimated Cost
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
To inspect Vehicle Ho
at Workshop Ho
of
Insured
Policy Ho
Claims Ho
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 Report Consistent? : Yes or No
GIA / PR Seen Consistent? : Yes or No
Est. Repair: days Res.: Yes or No
Lump Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date Person Contacted.

Vehicle: IN / OUT

Veh Ho SMF2739D at Regd
Type Car / M/Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or
Make Volkswagen Tarran. 14
Colour Silver A/C Insured / Std / NI / NA
Sp Reading 7687 I/Radio: Insured / Std / NI / NA
Eng/Ho
CNo. WV6222/T2KW005691
Gen Cond: Good / Fair / Poor / Burnt
Steering: Inorder / Jammed / Leaked / Burnt or
Brake: Inorder / Jammed / Leaked / Burnt or
Modl: Nil / S/Rim / STD A/Rim or
Tyre Size: F: 215 / 55 R17
R:

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

Front	Rear
R/Bal. 7 mm	R/Bal. 7 mm
L/Bal. 7 mm	L/Bal. 7 mm
D.O.A.	D.O.A. 11/4/1921/30

Survey held at VW Alor Setar
Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

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

Date / Time Action / Instruction

Date/Time, File Pass to?

☐ : Preli. Report
☐ : Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation

Car Hire

Photo

Other

TOTAL

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

Report Format

Lump Sum / L.B.U. (\$)