

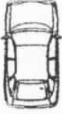
INS. CASE OWNER:

CC 3 / EQ1900 8619, K1e63

LKK:
IDAC:

Surveyor: Falvin DOI: 14/5/10 Date / Time: 14/5/10
Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : GBB 8923A Claim No. :
Name of Insured : Policy No. :
Insured Tel No. : HP: Make / Model :
Excess Sec II : \$\$ D.O.A : 13/5/10 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

SHA 99705 -> > > > >



INSRS:
WSP: WBE
Tel : W
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
<u>SHA 99705 - K</u>	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)	<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:

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: \$S (days) Reduction: % Email Call

FINAL SETTLEMENT Date/Time: Confirm with Email Cal

Final Liability: % (Agreed / Assessed) BOLA S/N No. : If NO or B 28, Ass. Lia :

Repair Cost: \$S

Loss of Rental (LOR): \$S (days)

Loss of Use (LOU): \$S (S x days)

Loss of Income (LOI): \$S (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 Cal

Payee 1: \$S Name 1:

Payee 2: (Strike if N.A.) \$S Name 2:

Payee 3: (Strike if N.A.) \$S Name 3:

3/1/11, Kelvin

REP

SHA 77355

28 May 2015

Estimate #/Cost: _____
 OD/TP/INS/TP RES/OD RES/EVA/INV/MY
 To Inspected 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.

N/S	O/S

Bal. or Market Value: _____
 IDAG 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

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: New In. Z40 c.c. 1685
 Colour: Blue A/C: In Good / Std / NI / NA
 Sp. Reading: 57652 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: KMHLB414M F4069215
 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 / R/Rim or
 Tyre Size: F: 205/60R16
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Hook
 Front R/Bal. 7 mm Rear R/Bal. 7 mm
 L/Bal. 7 mm L/Bal. 7 mm
 D.O.A. 13/5/19 D.O.I. 14/5/19
 Survey held at CPAE (Loyang)
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
n/s Rear
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	EQ
	45

Delete/Time, File Pass to? : Prel. Report
 : Final Report

Days Of Repair: _____
 Resurvey No. of Trip: _____

1) _____ Date/Time, File Return to?
 2) _____

Add Fee: : Site Insp (\$ _____)
 : Interview (\$ _____)
 : Tech. Tools (\$ _____)
 : Weather (\$ _____)

Survey Fee: _____
 Transportation: _____
 S + RS \$ _____
 Photos _____
 Others _____
 TOTAL _____

