

15/05/2010

INS. CASE OWNER:

CC 3 / CTI1900 9127, Kphb.

LKK:

IDAC:

Surveyor:

Finneth.

DOI:

22/5/10

Date / Time:

22/5/10

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

GL 114

Claim No.:

Name of Insured:

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II :\$

D.O.A.:

14/5/10

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

SHC 54534



INSRS:

WSP:

Tel:

Liability:

RMKS:

Trans
Cab

INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time	STAGE	DATE / PIC	
SHC 54534 - 14/5/10 1900 14/5/10 14/5/10 14/5/10 14/5/10 14/5/10 14/5/10 14/5/10 14/5/10 14/5/10 14/5/10 14/5/10 14/5/10 14/5/10 14/5/10	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:		
Repair Cost: \$	(days) Reduction: %	Confirm by: Email ☐ Call ☐	
FINAL SETTLEMENT Date/Time:	Confirm with: Email ☐ Call ☐		
Final Liability: %	(Agreed / Assessed) BOLA S/N No. :		
Repair Cost: \$	If NO or B 28, Ass. Lia :		
Loss of Rental (LOR): \$	(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 \$			
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:		

ASS. REC. BY:

REF:

C721

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

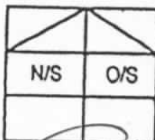
Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

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 No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SHC 545314 Yr Regn: 12, 14

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

Truck / Trailer or

Make: Renault Latitude C.C. 1995

Colour: M. White / Red A/C: Insured / Std / NI / NA

Sp. Reading: 322174 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: VF1ABCL15A4C 280938

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: M / S/Rlm / STD A/Rlm or

Tyre Size: F: 215/60R16

R: _____

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

TOYO / YOKO or

Giti

Front

Rear

R/Bal. 6 mm

R/Bal. 7 mm

L/Bal. 6 mm

L/Bal. 7 mm

D.O.A. 17/5/19

D.O.I. 22/5/19

Survey held at

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

1 File pass to

Date/Time, File Pass to?

☐ : Prell. Report

Days Of Repair: _____

1)

☐ : Final Report

Resurvey No. of Trlp: _____

Date/Time, File Return to?

2)

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

Survey Fee:

Transportation:

S + R.S. SI

Photos

Others

TOTAL

Report Format :

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