

INS. CASE OWNER:

CC 6 /EQI1900

LKK:

IDAC:

Surveyor:

DOI:

Date / Time :

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :SS

D.O.A :

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



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time	STAGE	DATE / PIC	
ST 6073G	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:	☐	☐	

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

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. _____

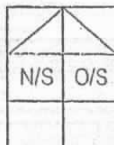
Claims No. _____

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: _____ days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SLX6036 Yr Regn: 2010 JuneType: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Audi Q7 C.C. 3597Colour Bronze A/C: Insured / Std / NI / NASp. Reading 156731 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WAUZZZALXAD018857Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / SRim / STD A/Rim orTyre Size: F: 255/55R18R: 255/55R18BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PI / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal. 06 mm R/Bal. 06 mmL/Bal. 06 mm L/Bal. 06 mmD.O.A. _____ D.O.I. 03/06/19Survey held at Hua MengDes. 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

TP EQ.MV: 57K.PV: 36.5KNett: 20.5K.

Date/Time, File Pass to?

Date/Time, File Return to?

Part Prices Check:

IN

OUT

Survey Fee:

Date:

Basic & Add.

S + RS, SI

Photos

Others

TOTAL

1)

2)

3)

4)

5)

6)

Prel. Report:

Final Report: