

15/9/2010

INS. CASE OWNER:

CC 3/AIG1901 0418, AEBB

LKK:
IDAC:

Surveyor: Adrian DOI: 12/6/09 Date / Time : 12/6/09
Registered in Merimen: 12/6/09

Pre-assign / CCU / FTE



Insured Vehicle No. : SDG 95959 Claim No. : _____
Name of Insured : _____ Policy No. : _____
Insured Tel No. : _____ HP: _____ Make / Model : _____
Excess Sec II : \$\$ D.O.A : 12/6/09 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

SKD 1703 Z → → → → →



INSRS:
WSP: Premium
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

| Date/ Time | STAGE | DATE / PIC |
|---------------------|---|--------------------------|
| <u>SKD1703Z - X</u> | Non-Reporting ltr (1st): | |
| <u>SDG95959 - X</u> | 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"/> |

PRELIMINARY ADVICE Date/Time: _____ Sent By: _____ Confirm by: _____

FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____
Repair Cost: \$\$ (_____ days) Reduction: % Email Call

FINAL SETTLEMENT Date/Time: _____ Confirm with: _____ Email Call

Final Liability: % (Agreed / Assessed) BOLA S/N No. : _____ If NO or B 28, Ass. Lia : _____
 Repair Cost: \$\$
 Loss of Rental (LOR): \$\$ (_____ days)
 Loss of Use (LOU): \$\$ (\$ x _____ days)
 Loss of Income (LOI): \$\$ (\$ x _____ days)
 LOR only LOU only LOR + LOU LOR + LO [Tick only one]
 GIA/LTA Search: \$\$
 Medical: \$\$
 Disbursement: \$\$ (e.g. Tow/ Independent)
 Legal Cost: \$\$

1) Claim status: Normal/Reject/Private Settle
 2) Report Format:
 3) Survey fee:

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:

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.

| | |
|-----|-----|
| | |
| N/S | O/S |
| | |

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: SKD12032 Yr Regn: 2011 / oct

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

Truck / Trailer or

Make: Audi A4 c.c. 1798

Colour Grey. A/C: Insured / Std / NI / NA

Sp. Reading 195355 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WAUZZSK1CA050618

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / Std / STD A/Rim or

Tyre Size: F: 245/40R18.

R: 245/40R18.

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

TOYO / YOKO or

Front

Rear

R/Bal. 06 mm R/Bal. 06 mm

L/Bal. 06 mm L/Bal. 06 mm

D.O.A. _____ D.O.I. 12/06/19

Survey held at Premier

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 |
|-------------|----------------------|
| | <u>TP ALG.</u> |
| | <u>MV : 43K</u> |
| | <u>PV : 36.5K</u> |
| | <u>Nett: 6.5K.</u> |

| | | | | | | | | | | |
|--------------------------|----------------------------|--------------------|-----|--------------------------------|---|--|--|--|--|--|
| Date/Time, File Pass to? | Date/Time, File Return to? | Part Prices Check: | | Survey Fee: | Date: | | | | | |
| 1) _____ | 2) _____ | IN | OUT | Basic & Add. | <table border="1"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table> | | | | | |
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| | | | | | | | | | | |
| 3) _____ | 4) _____ | | | <u> </u> S + RS, <u> </u> SI | | | | | | |
| 5) _____ | 6) _____ | | | Photos | | | | | | |
| Preli. Report: | | | | Others | | | | | | |
| Final Report: | | | | TOTAL | | | | | | |