

15/5/2010

INS. CASE OWNER:

CC 3 <sup>ASM</sup> / AXA1901 1343, KWB3

LKK:  
IDAC:

Surveyor: Kenneth DOI: 27/6/10 Date / Time: 25/6/10  
Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : SJP 4698H Claim No. : \_\_\_\_\_  
Name of Insured : \_\_\_\_\_ Policy No. : \_\_\_\_\_  
Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_ Make / Model : \_\_\_\_\_  
Excess Sec II : \$\$ D.O.A : 24/6/10 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

SHP 553U → → → → → → → → → →



INSRS: trans  
WSP: can  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time	STAGE	DATE / PIC
<u>SHP 553U - X</u>	Non-Reporting ltr (1st):	
<u>SJP 4698H - K</u>	Non-Reporting ltr (2nd):	
	Non-Reporting ltr (Final):	
	Notification ltr (if non-pickup):	
	Call OI:	
	After call ltr to OI:	
	<b>Documentation Check List:</b> Handler Typist	
	Notification ltr (if non-pickup) <input type="checkbox"/> <input type="checkbox"/>	
	After call ltr to OI: <input type="checkbox"/> <input type="checkbox"/>	
	Authorisation To Act: <input type="checkbox"/> <input type="checkbox"/>	
	Release Voucher: <input type="checkbox"/> <input type="checkbox"/>	
	Final Repair Bill: <input type="checkbox"/> <input type="checkbox"/>	
	Car Rental Invoice: <input type="checkbox"/> <input type="checkbox"/>	
	Towing Invoice <input type="checkbox"/> <input type="checkbox"/>	
	LTA / GIA : <input type="checkbox"/> <input type="checkbox"/>	
	Medical Bill: <input type="checkbox"/> <input type="checkbox"/>	
	PIR: <input type="checkbox"/> <input type="checkbox"/>	
	Mandate/Reject Instruction: <input type="checkbox"/> <input type="checkbox"/>	
	LOD <input type="checkbox"/> <input type="checkbox"/>	
	Payment Breakdown Form: <input type="checkbox"/> <input type="checkbox"/>	

PRELIMINARY ADVICE Date/Time: \_\_\_\_\_ Sent By: \_\_\_\_\_ Confirm by: \_\_\_\_\_

FINALIZATION Date/Time: \_\_\_\_\_ Confirm with: \_\_\_\_\_ Confirm by: \_\_\_\_\_  
Repair Cost: \$S ( \_\_\_\_\_ 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: \$S  
Loss of Rental (LOR): \$S ( \_\_\_\_\_ 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 \$S  
Medical: \$S 1) Claim status: Normal/Reject/Private Settle  
Disbursement: \$S (e.g. Tow/ Independent ) 2) Report Format: \_\_\_\_\_  
Legal Cost \$S 3) Survey fee: \_\_\_\_\_

Total: \$S Global Sum \$S:

FINAL PAYMENT Date/Time: \_\_\_\_\_ Confirm with: \_\_\_\_\_ Email  Call

Payee 1: \$S Name 1: \_\_\_\_\_  
Payee 2: (Strike if N.A.) \$S Name 2: \_\_\_\_\_  
Payee 3: (Strike if N.A.) \$S Name 3: \_\_\_\_\_

ASS. REC. BY:

REF: AAA

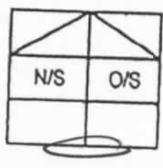
Kenneth

### ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_  
 Estimated Cost: \_\_\_\_\_  
OD / TP / WS / TP RES / OD RES / EVA / INV / MV  
 To Inspect Vehicle No: \_\_\_\_\_  
 at Workshop m/s Trans Cab  
 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: 02 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: S11F 5334 Yr Regn: 06, 19  
 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: 670052 T/Radio: Insured / Std / NI / NA  
 Eng/No: \_\_\_\_\_  
 C/No: VI=1ABL15AUC 278401  
 Gen. Cond: Good / Fair / Poor / Burnt  
 Steering: Inorder / Jammed / Leaked / Burnt or \_\_\_\_\_  
 Brake: Inorder / Jammed / Leaked / Burnt or \_\_\_\_\_  
 Mod: Nil / S/Rlm / STD A/Rim or \_\_\_\_\_  
 Tyre Size: F: 215/60R16  
 R: \_\_\_\_\_  
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
 TOYO / YOKO or Giti  
 Front R/Bal. 8 mm Rear R/Bal. 8 mm  
 L/Bal. 8 mm L/Bal. 8 mm  
 D.O.A. 24/6/19 D.O.I. 25/6/19  
 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
<u>1</u>	<u>File pass to</u>
	<u>V/Lump 81500</u>

Date/Time, File Pass to?  : Prell. Report  
 : Final Report

Days Of Repair: \_\_\_\_\_  
 Resurvey No. of Trip: \_\_\_\_\_

1) \_\_\_\_\_  
 Date/Time, File Return to?  
 2) \_\_\_\_\_

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

Survey Fee: \_\_\_\_\_  
 Transportation: \_\_\_\_\_  
 S + RS. \$ \_\_\_\_\_  
 Fixtures \_\_\_\_\_  
 Others \_\_\_\_\_  
 TOTAL \_\_\_\_\_

Report Format : \_\_\_\_\_  
 Lump Sum / I.B.I: (\$ \_\_\_\_\_)