

INS. CASE OWNER:

CC 4/AIG1901 1409, 62h63

LKK:
IDAC:

Surveyor: Calvin DOI: 20/6/09 Date / Time: 20/6/09
Registered in Merimen: 24/6/09

Pre-assign / CCU / FTE



Insured Vehicle No. : SJT 5276E Claim No. : _____
Name of Insured : _____ Policy No. : _____
Insured Tel No. : _____ HP: _____ Make / Model : _____
Excess Sec II : \$\$ D.O.A : 25/6/09 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. : _____ (VL: YES / NO) Insured Liability : % Final ? Yes / No

SKA 1881S → → → → →



INSRS: 06E
WSP: W
Tel : W
Liability : W
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
<u>SKA 1881S - R</u>	Non-Reporting ltr (1st):	
<u>SJT 5276E - R</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"/> <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: _____ Post-Repair Photos:
Others:

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
Disbursement: \$S (e.g. Tow/ Independent)
Legal Cost \$S
1) Claim status: Normal/Reject/Private Settle
2) Report Format:
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: _____

Surname: Kalvin

REF: _____

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: SMA 1881 S Yr Regn: 604 / 217

Type: M.Car / M.Cycle / Bus / Van / Lorry / T~~o~~ / Prime Mover /

Truck / Trailer or

Make: Toyota Pro C.C. 1700

Colour: Blk A/C: Insured / Std / NI / NA

Sp. Reading: 24 1019 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: J TPKB JF44035 68782

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD / Rim or

Tyre Size: F: 195/65 R15

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Wentaka

Front _____ Rear _____

R/Bal. 7 mm R/Bal. 7 mm

L/Bal. 7 mm L/Bal. 7 mm

D.O.A. 25/6/19 D.O.I. 26/6/19

Survey held at CPGE (Loyang)

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

Rear

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>AZ</u>

Date/Time, File Pass to? : Preli. Report

1) : Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: Site Insp (\$ _____)

Interview (\$ _____)

Tech Insp (\$ _____)

Survey Fee:	
Transportation:	
_____S + RS_____SI	
Photos	
Others	
TOTAL	

Report Format: _____

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

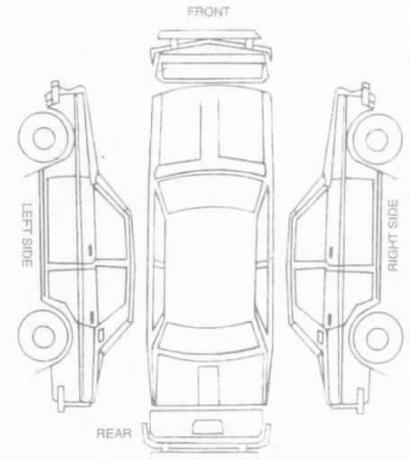
JC NO.: 305306563

CUSTOMER	REGN NO.: SHA1881S	MILEAGE
COMPANY	MAKE: TOYOTA	FUEL
ADDRESS	MODEL: PRIUS HYBRID(G4)	E.....1/2.....F
PHONE	YR OF MANU. 06.10.2017	DATE/TIME IN 25.06.2019 16:50
VEHICLE NO.	CHASSIS CODE JTDKB3FU403568782	TARGET DATE
VEHICLE TYPE		COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 25.06.2019
NATURE: 3P 25.06.2019

S/NO	LABOR CODE	DESCRIPTION
1	ALG	Left Rear



CHECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: **SHA1881S** **LARRY**

Vehicle No.: **SHA1881S**

Larry Ng

Name of Service Advisor

Signature/Date

Name of Service Advisor

Date

To be returned to Service Reception upon collection

To be kept by Security Guard