

15/5/2010

INS. CASE OWNER:

CC 4 / III 1901 1470, A 963

LKK:
IDAC:

Surveyor: Adrian

DOI: 28/6/19

Date / Time: 29/6/19

Registered in Merimen: 28/6/19

Pre-assign / CCU / FTE

SKD 351C



Insured Vehicle No. : _____

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$\$ _____ D.O.A. : 26/6/19

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



INSRS:
WSP:
Tel :
Liability :
RMKS:

CAS Garage



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	gy 5225 - N30 / 11/21/19 4887 / y un. 12/2/19	STAGE	DATE / PIC
	SKD 351C - 1	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)	<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:	Post-Repair Photos:	<input type="checkbox"/>
		Others:	<input type="checkbox"/>
FINALIZATION Date/Time:	Confirm with:	Confirm by:	
Repair Cost: \$S	(days) Reduction: %	Email <input type="checkbox"/>	Call <input type="checkbox"/>
FINAL SETTLEMENT Date/Time:	Confirm with	Email <input type="checkbox"/>	Call <input type="checkbox"/>
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 <input type="checkbox"/>	LOU only <input type="checkbox"/>	LOR + LOU <input type="checkbox"/>	LOR + LO <input type="checkbox"/>
[Tick only one]			
GIA/LTA Search	\$S		
Medical:	\$S	1) Claim status: Normal/Reject/Private Settle	
Disbursement:	\$S	(e.g. Tow/ Independent)	
Legal Cost	\$S	2) Report Format:	
		3) Survey fee:	
Total:	\$S	Global Sum \$S:	
FINAL PAYMENT Date/Time:	Confirm with:	Email <input type="checkbox"/>	Call <input type="checkbox"/>
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:

Adrian

ASSIGNMENT

From: _____ Date: _____

Veh No: GY52525 Yr Regn: 2005 / May

Estimated Cost: _____

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

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

Truck / Trailer or

To Inspect Vehicle No: _____

Make: Nissan UNAN c.c. 2953

at Workshop m/s _____

Colour Grey A/C: Insured / Std / Nil / NA

of _____

Sp. Reading 450116 T/Radio: Insured / Std / Nil / NA

Insured: _____

Eng/No: _____

Policy No. _____

C/No: JNH62E252070115

Claims No. _____

Gen. Cond: Good / Fair / Poor / Burnt

Sum Insured: _____ Excess: _____

Steering: In order / Jammed / Leaked / Burnt or

(Client's Record)

Brake: In order / Jammed / Leaked / Burnt or

Make of Veh: _____

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

(Policy Condition)

Tyre Size: F: 195 R15C

R: 195 R15C

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

N/S	O/S

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

Bal. or Market Value: _____

Front _____ Rear _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

GIA / PR Seen: _____ Consistent? : Yes or No

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

Est. Repairs: _____ days Res.: Yes or No

D.O.A. _____ D.O.I. 28/06/19

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

Survey held at CAS

CA / REV / REP. / 24 HRS

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

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

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

Date / Time Action / Instruction

TP III

WE Expiry: 05/05/20.

MV: 11K
PV: 5.8K
Nett: 5.2K.

Date/Time, File Pass to?

Date/Time, File Return to?

Part Prices Check:

Survey Fee:

Date:

- 1) _____
- 3) _____
- 5) _____
- Pref. Report: _____
- Final Report: _____

- 2) _____
- 4) _____
- 6) _____

IN OUT

Basic & Add.
 ___ S + RS, ___ SI
 Photos
 Others
 TOTAL
