

15/5/2010

INS. CASE OWNER:

CC 3 ^{ASM} AXA1901 3459, Kgb3.LKK:
IDAC:

Surveyor: Kenneth. DOI: 20/3/10. Date / Time: 20/3/10.
 Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SJV 1712M. Claim No. :
 Name of Insured : Policy No. :
 Insured Tel No. : HP: Make / Model :
 Excess Sec II : \$\$ D.O.A : 20/3/10. 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

SHF 709m



INSRS: Trans
 WSP: calh.
 Tel :
 Liability :
 RMKS:



INSRS:
 WSP:
 Tel :
 Liability :
 RMKS:



INSRS:
 WSP:
 Tel :
 Liability :
 RMKS:



INSRS:
 WSP:
 Tel :
 Liability :
 RMKS:

Date/ Time	STAGE	DATE / PIC
	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: <u> </u> Sent By: <u> </u>		Post-Repair Photos: ☐	Others: ☐
FINALIZATION Date/Time: <u> </u> Confirm with: <u> </u>		Confirm by: <u> </u>	
Repair Cost: \$	(days) Reduction: %	Email ☐	Call ☐
FINAL SETTLEMENT Date/Time: <u> </u> Confirm with: <u> </u>		Email ☐	Call ☐
Final Liability: %	(Agreed / Assessed) BOLA S/N No. : <u> </u>	If NO or B 28, Ass. Lia : <u> </u>	
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	\$		
Total:	\$	Global Sum \$:	
FINAL PAYMENT Date/Time: <u> </u> Confirm with: <u> </u>		Email ☐	Call ☐
Payee 1:	\$	Name 1:	<u> </u>
Payee 2: (Strike if N.A.)	\$	Name 2:	<u> </u>
Payee 3: (Strike if N.A.)	\$	Name 3:	<u> </u>

ASS. REC. BY:

REF:

AKA

Kenneth

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:

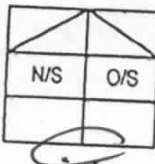
Excess:

(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:

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

Date / Time

Action / Instruction

1 / File pass to

Date/Time, File Pass to?

☐

: Prell. Report

1)

Date/Time, File Return to?

☐

: Final Report

2)

Report Format :

Lump Sum / I.B.I: (\$

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Survey Fee:

Transportation:

S + RS. SI

Fees

Others

TOTAL

Veh No:

SHP 709M

Yr Regn:

12, 14

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

Truck / Trailer or

Make:

Renault Latitude c.c. 1995

Colour

M. White (R)

A/C:

Insured / Std / NI / NA

Sp. Reading

573198

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

VF1AB215AUC 281192

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: M / S / Rim / STD A / Rim or

Tyre Size:

F: Touring 215/60R16

R: Giti

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

Front

Rear

R/Bal.

9

mm

R/Bal.

8

mm

L/Bal.

9

mm

L/Bal.

8

mm

D.O.A.

25/7/19

D.O.I.

30/7/19

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.