

INS. CASE OWNER:

yuan

CC 4 ASM
AXA1901

8421, Agb

LKK:

IDAC:

Surveyor:

Adrian

DOI:

17/10/19

Date / Time :

18/10/19

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

SMD 38085

Claim No. :

89mo2240 (14-8-28)

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :\$

D.O.A :

16/10/19

Place of Accident :

Is driver the owner?

(YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability :

%

Final ? Yes / No

SMD 38085

SFD 89C

SLS. 1303C



INSRS:

WSP:

Tel :

Liability :

RMKS:

01



INSRS:

WSP:

Tel :

Liability :

RMKS:

MG

solution

CP



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:	
	Post-Repair Photos:	
	Others:	

PRELIMINARY ADVICE	Date/Time:	Sent By:	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	\$		
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:

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

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

Veh No: SFD89C Yr Regn: 2008/SeptType: ☒ M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Honda Stream C.C. 1799Colour: Silver A/C: Insured / Std / NI / NASp. Reading: 194557 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: RN61064334Gen. Cond: ☒ Good / Fair / Poor / BurntSteering: ☒ In order / Jammed / Leaked / Burnt orBrake: ☒ In order / Jammed / Leaked / Burnt orModif: ☒ Nil / S/Rim / STD A/Rim orTyre Size: F: 215/45R17R: 215/45R17

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

TOYO / YOKO or Westlake

Front

Rear

R/Bal. 06 mmR/Bal. 06 mmL/Bal. 06 mmL/Bal. 06 mm

D.O.A.

D.O.I. 12/10/19Survey held at MG SolutionDes. of Damages: ☒ Fit / ☒ Rear / O/S / N/S / U/C / Rooftop or

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

Date / Time Action / Instruction

TP AXA

COE Expiry: 31/08/23

MV:

PV: 13.5K

Nett:

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. Invs (\$)☐ Weekend (\$)

Survey Fee:

Transportation:

S + RS SI

Photos

Others

TOTAL

Report Format: _____

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