

15/5/2010

INS. CASE OWNER:

CC 4/1111901 9576, A ghd

LKK:
IDAC:

Surveyor: Adrian

DOI: 5/11/19

Date / Time : 4/11/19

Registered in Merimen: 5/11/19

Pre-assign / CCU / FTE



Insured Vehicle No. : SHC 8961M

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :\$ _____ D.O.A : Nulla

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

SLT 2761B → _____ → _____ → _____



INSRS: _____
WSP: w-57
Tel : _____
Liability : _____
RMKS: _____



INSRS: _____
WSP: _____
Tel : _____
Liability : _____
RMKS: _____



INSRS: _____
WSP: _____
Tel : _____
Liability : _____
RMKS: _____



INSRS: _____
WSP: _____
Tel : _____
Liability : _____
RMKS: _____

Date/ Time	STAGE	DATE / PIC
<u>SLT 2761B - X</u>	Non-Reporting ltr (1st):	
<u>SHC 8961M - X</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"/>
	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: _____ Confirm by: _____

FINALIZATION Date/Time: _____ Confirm with: _____ 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:

17

ASSIGNMENT

From: _____ Date: 05/11/19

Estimated Cost: _____

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

To Inspect Vehicle No: SLT 2761B

at Workshop m/s: N51

of 2 LANE BRICK AVE 2401-17

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: SLT2761B Yr Regn: 2017/Oct.

Type: M.Car M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or _____

Make: Honda Vezel Hybrid.c.c

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

Sp. Reading: 150995 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: Ru31253153

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

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

Tyre Size: F: 215/60R16
R: 215/60R16

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

Front		Rear
R/Bal. <u>06</u> mm		R/Bal. <u>06</u> mm
L/Bal. <u>06</u> mm		L/Bal. <u>06</u> mm
D.O.A. _____		D.O.I. <u>05/11/19</u>

Survey held at N51

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
	TP III

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

1) : Final Report

Date/Time, File Return to? _____

2) _____

Rep. Format: _____

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

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: : Site Insp (\$ _____)

: Interview (\$ _____)

: Tech. Invs (\$ _____)

: Weekend (\$ _____)

Survey Fee: _____

Transportation: _____

\$ + RS. _____ SI

Photos _____

Others _____

TOTAL _____