

INS. CASE OWNER:

CC 4 /AIG1901 9631, P2163

LKK:

IDAC:

Surveyor: RasmDOI: 6/11/19Date / Time : 6/11/19Registered in Merimen: 6/11/19

Pre-assign / CCU / FTE

Insured Vehicle No. : GBJ 6749H

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$ \$ D.O.A : 6/11/19

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. : _____

(V/L: YES / NO)

Insured Liability : % Final ? Yes / No

SBN 6421TINSRS: vnq
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
<u>6/11/19 - X</u>	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:	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:	

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: 54K

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: SBU 6921T Yr Regn: 2011 / Nov

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

Truck / Trailer or _____

Make: B.M.W 520I 2.0L 4T c.c. 1997

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

Sp. Reading: 144291 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WBA XG 12090C961494

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or _____

Brake: In order / Jammed / Leaked / Burnt or _____

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

Tyre Size: F: 225/55R17

R: _____

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

Front

R/Bal. 6 mm

L/Bal. 6 mm

D.O.A. 02/11/19

Survey held at VAG

Rear

R/Bal. 6 mm

L/Bal. 6 mm

D.O.I. 06/11/19

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

0/3 REAR

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

[illegible]

Date/Time, File Pass to?

☐: Prelim. Report

1)

☐: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee: : Site Insp (\$

□	Interview	(\$
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) Photos

Tech. Invs (%)

1	Others	
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☐ Weekend (8)

TOTAL

Report Format :

Lamp Size / L.B.F. (g)