

INS. CASE OWNER:

CC 6 / III 1901 0147, Ugb7

LKK:
IDAC:

Surveyor: marcus

DOI: 12/11/10

Date / Time: 12/11/10

Registered in Merimen: 12/11/10

Pre-assign / CCU / FTE



Insured Vehicle No. : SHD 37034

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$ \$ _____ D.O.A : 12/11/10

Place of Accident : _____

Is driver the owner? (YES / NO) Nature of Accident : _____

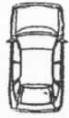
If NO, Driver Name / Age : _____

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

Driver Tel No. : _____ (V/L: YES / NO)

Insured Liability : % Final ? Yes / No

SJP 55990 →



INSRS: Uoo motor
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>SJP 55990</u>	Non-Reporting ltr (1st):	
<u>SHD 37034</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: _____	Post-Repair Photos: <input type="checkbox"/>
	Others: <input type="checkbox"/>

FINALIZATION Date/Time: _____ Confirm with: _____	Confirm by: _____
Repair Cost: \$ \$ _____ (_____ 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: \$ \$ _____	
Loss of Rental (LOR): \$ \$ _____ (_____ days)	
Loss of Use (LOU): \$ \$ _____ (\$ x days)	
Loss of Income (LOI): \$ \$ _____ (\$ 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: \$ \$ _____	
Medical: \$ \$ _____	
Disbursement: \$ \$ _____ (e.g. Tow/ Independent)	1) Claim status: Normal/Reject/Private Settle
Legal Cost: \$ \$ _____	2) Report Format: _____
	3) Survey fee: _____

Total: \$ \$ _____	Global Sum \$ \$: _____
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FINAL PAYMENT Date/Time: _____ Confirm with: _____	Email <input type="checkbox"/> Call <input type="checkbox"/>
Payee 1: \$ \$ _____ Name 1: _____	
Payee 2: (Strike if N.A.) \$ \$ _____ Name 2: _____	
Payee 3: (Strike if N.A.) \$ \$ _____ Name 3: _____	

ASS. REC. BY:

Marcus

Ref: *S*

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To inspect Vehicle No:

SJP 5599D

at Workshop m/s

Choo m/s

of

Insured:

SMD 3734

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:

212k

IPAC Accident Report:

Consistent? : Yes or No

OTA / 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

594M

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SJP 5599D

Yr Regn:

1 116

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

Truck / Trailer or

(A)

Make:

Mer Benz GLC 400 2996

Colour:

Black

A/C: Insured / Std / NI / NA

Sp. Reading

106303

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

WDC 2923562A 008278

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:

275/50 R20

R:

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

TOYO / YOKO or

Front

7

Rear

7

R/Bal.

mm

R/Bal.

mm

L/Bal.

mm

L/Bal.

mm

D.O.A.

31/10/19

D.O.I.

13/11/19

*Survey held at

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

Rear

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

L1A 112876 have G.A

Date/Time, File Pass to?

: Preli. 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 (\$

: Tech. Invs (\$

: Wash end (\$

___ \$ + RS ___ \$

Photos

Others

TOTAL

Report Format:

Lump Sum / E.B. /