

INS. CASE OWNER:

CC 6/CTI19091329, Ak63

LKK:
IDAC:

Surveyor: Adnan DOI: Merina Date / Time : 1/1/09
Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : GBD 97675 Claim No. : _____
Name of Insured : _____ Policy No. : _____
Insured Tel No. : _____ HP: _____ Make / Model : _____
Excess Sec II :\$ \$ D.O.A : Merina 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. : _____ (VL: YES / NO) Insured Liability : % Final ? Yes / No

FBK 9127M → YM 609P → GBD 97675 → GBE 1765U



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS: 01



INSRS: 1449
WSP: many
Tel :
Liability :
RMKS: TP

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)	<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"/>
	Post-Repair Photos:	<input type="checkbox"/>
	Others:	<input type="checkbox"/>
PRELIMINARY ADVICE Date/Time: _____ Sent By: _____		
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:	\$ \$	1) Claim status: Normal/Reject/Private Settle
Disbursement:	\$ \$ (e.g. Tow/ Independent)	2) Report Format:
Legal Cost	\$ \$	3) Survey fee:
Total:	\$ \$ Global Sum \$ \$:	
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:	

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: **GBE176SU.** yr Regn: **2015 Sept.**
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: **Nissan NV350** c.c. **2488**
 Colour: **Grey.** A/C: Insured / Std / NI / NA
 Sp. Reading: **117964.** T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: **JN1MC2E26Z000 5022**
 Gen. Cond: **Good** / Fair / Poor / Burnt
 Steering: **In order** / Jammed / Leaked / Burnt or
 Brake: **In order** / Jammed / Leaked / Burnt or
 Modi: **Nil** / STD A/Rim or
 Tyre Size: F: **195R15C**
 R: **195R15C.**

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / **YOKO** or _____
 Front _____ Rear _____
 R/Bal. **06** mm R/Bal. **06** mm
 L/Bal. **06** mm L/Bal. **06** mm
 D.O.A. _____ D.O.I. **02/12/19**
 Survey held at **Hua Meay**
 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 Chinn.
	MV: 37K
	PV: 24.1K.
	Nett: 12.9K.

Date/Time, File Pass to? : Preli. Report
 1) : Final Report
 Date/Time, File Return to? _____
 2) _____
 Report Form No: _____
 Comp. Form / L.E.K.C. _____

Days Of Repair: _____
 Resurvey No. of Trip: _____

Add Fee: : Site Insp (\$)
 : Interview (\$)
 : Tech. Insp (\$)
 : Wash and (\$)

Survey Fee: _____
 Transportation: _____
 3 + PS \$ _____
 Photos: _____
 Other: _____