

INS. CASE OWNER:

CC 6 / ALG 2000 0080 / Aes3

LKK:

IDAC:

Surveyor:

Adrian

DOI:

30/12/19

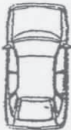
Date / Time :

30/12/19

Registered in Merimen:

21/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SLR7624S

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$\$ D.O.A : 27/12/19

Place of Accident : _____

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

If NO, Driver Name / Age :

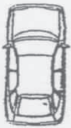
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. :

(V/L: YES / NO)

Insured Liability : % Final ? Yes / No

SMQ3193M

INSRS:
WSP: Hua Meng
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
SMQ3193M : X ; SLR7624S : X	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"/> <input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/> <input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/> <input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/> <input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/> <input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
	PIR:	<input type="checkbox"/> <input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
	LOD	<input type="checkbox"/> <input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
PRELIMINARY ADVICE	Date/Time:	Sent By:
FINALIZATION	Date/Time:	Confirm with:
Repair Cost:	\$\$ (days)	Reduction: %
FINAL SETTLEMENT	Date/Time:	Confirm with
Final Liability:	% (Agreed / Assessed)	BOLA S/N No. :
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 + LOI <input type="checkbox"/>	[Tick only one]
GIA/LTA Search	\$\$	
Medical:	\$\$	
Disbursement:	\$\$ (e.g. Tow/ Independent)	
Legal Cost	\$\$	
Total:	\$\$	Global Sum \$\$:
FINAL PAYMENT	Date/Time:	Confirm with:
Payee 1:	\$\$	Name 1:
Payee 2: (Strike if N.A.)	\$\$	Name 2:
Payee 3: (Strike if N.A.)	\$\$	Name 3:

ASSIGNMENT

(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: SMQ 3193M. Yr Regn: 2019 / Nov
Type: (M.Ca) / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:	Toyota Noah.	C/C	1797
Colour	Purple.	A/C:	Insured / Std / NI / NA
Sp. Reading	8822.	T/Radio:	Insured / Std / NI / NA
Eng/No:			
C/No:	ZWR 800395497		

Gen. Cond: ~~Good~~ / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil (S/Rim) / STD A/Rim or

Tyre Size: F: 195/65 R15
R: 195/65 R15

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

Front		Rear	
R/Bal.	26 mm	R/Bal.	26 mm
L/Bal.	26 mm	L/Bal.	26 mm
D.O.A.		D.O.I.	30/12/15

Survey held at Hua Neng

Des. of Damages: Frt / Rear / O/S (N/S) / W/C / Rooftop or

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

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

1) : Final Report

Date/Time, File Return to?

Days Of Repair:

Resurvey No. of Trip:

Add Fee: : Site Insp (\$

 Interview #3

Tech. Invs 6%

Survey Fee: