

INS. CASE OWNER:

CC 6/A1G 20006958 1 Aks3

LKK:
IDAC:

Surveyor:

Adrian

DOI:

14/1/2020

Date / Time :

14/1/2020

Registered in Merimen:

15/1/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SGP 3580 E

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$ \$ D.O.A : 11/1/2020

Place of Accident : _____

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

If NO, Driver Name / Age :

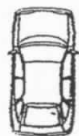
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. :

(V/L: YES / NO)

Insured Liability : % Final ? Yes / No

SLU 7535A

INSRS:
WSP: Kang Car
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time

SLU 7535A : X

SGP 3580 E : CC4/A1G17019478/DK432; DOA: 8/10/12

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)

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:

Post-Repair Photos:

Others:

PRELIMINARY ADVICE

Date/Time:

Sent 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 + LOI ☐

[Tick only one]

GIA/LTA Search

\$ \$

Medical:

\$ \$

Disbursement:

\$ \$

(e.g. Tow/ Independent)

Legal Cost

\$ \$

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

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

(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: SLU7535A Yr Regn: 2017 Dec

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

Make: Perodua Bezza C.C. 1329

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

Sp.Reading: 27756 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: PM2B301S003078734

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: 175/65R14
R: 175/65R14

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

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>14/01/20</u>	

Survey held at Kany

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, File Pass to?

☐: Prelim. Report

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☐ : Final Report

Date/Time: File Return to?

Days Of Repair:

Resurvey No. of Trip:

Add Fee: : Site Insp (\$

 Interview 13

 Tech. Invs. 43

Survey Fee:

Transportation

1	$R + RS$	SI
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