

1852-08

INS. CASE OWNER

CS3

ee 4/III1900

7/09, N

PS3, 2-1

LKK
IDAC

Surveyor

MAB

DOI

ASSIGNMENT

6/5/19

Date / Time

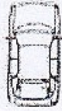
6/5/19

Registered in Merimen

6/5/19

Pre-assign / CCU / FTE

SH 7272T



Insured Vehicle No.

CTPL

Name of Insured

Insured Tel No.

HP:

Excess Sec II :SS

D.O.A:

6/4/19

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

young men 40-50

Driver Tel No.:

(V/L: YES / NO)

Claim No.

MUT 1914027

Policy No.

MUM0006

Make / Model

TOYOTA

Place of Accident

ANET BMTOK ST MP

OLGIA REPORT: YES / NO

TP GIA REPORT: YES / NO

Insured Liability:

%

Final ? Yes / No

P2 94430



INSRS:

WSP:

Tel:

Liability:

RMKS:

JCN.



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/Time

10/5/19

SEEK MANDATE LIABILITY

8/9/19

File -> to shu pe to close (PRI)

15/11/2020

Submit Paper Survey (Total Loss)
Email to Helmin to check

STAGE

DATE / PIC

Non-Reporting Itr (1st)

Non-Reporting Itr (2nd)

Non-Reporting Itr (Final)

Notification Itr (if non-pickup)

Call OI

After call Itr to OI

Documentation Check List: Handler Typist

Notification Itr (if non-pickup)

After call Itr 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:

Repair Cost:

SS

(days) Reduction:

%

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with

Email

Call

Final Liability:

SS

(Agreed / Assessed) BOLA S/N No.:

9a

If NO or B 28: Ass. Lia:

COLD TALKING TO MANDATE

Repair Cost:

SS

Loss of Rental (LOR):

SS

(days)

Loss of Use (LOU):

SS

(\$ x days)

Loss of Income (LOI):

SS

(\$ x days)

LOR only ☐ LOU only ☐LOR + LOU ☐LOR + LOU ☐

[Tick only one]

GIA/LTA Search

SS

Medical

SS

Disbursement:

SS

(e.g. Tow/Independent)

Legal Cost

SS

Total:

SS

Global Sum SS:

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

\$120.00

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

SS

Name 1:

Payee 2: (Strike if N.A.)

SS

Name 2:

Payee 3: (Strike if N.A.)

SS

Name 3:

Paper Survey (Total Loss)

\$380.00 - \$120.00 = \$260.00

\$380.00 - \$120.00 = \$260.00

Barcode

N/A2

REF: III

ASSIGNMENT

From:

Date:

6.5.2019

Estimated Cost:

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

To inspect Vehicle No:

FZ 9447C

at Workshop m/s

JCN AutoLution

at 39 Woodlands close #01-34135

Insured:

Policy No.

Claims No.

Sum Insured:

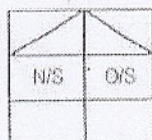
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



Bal. or Market Value:

IDAC Accident Report:

Consistent? : Yes or No

GIA / PR Score:

Consistent? : Yes or No

Est. Repairs:

days

Res.: Yes or No

Lump Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

FZ 9447C

Yr Regn: 14 DEC 2005

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

Truck / Trailer or

Make:

YAMAHA AX2

G.O. 133

Colour:

RED

A/C: Insured / Std / Nil / NA

Sp. Reading:

57,262

T/Taxi: Insured / Std / Nil / NA

Eng/No.

C/No:

PMYSPV10050012991

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: Nil / SRim / STD A/Rim or

Tyre Size:

F:

80/80 R18

R:

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

TOYO / YOKO or FCFKR

Front

Rear

R/Bal.

5

mm

R/Bal.

4

mm

L/Bal.

mm

L/Bal.

mm

D.O.A.

6/4/19

D.O.I.

6/5/19

4.4pm

Survey held at

JCN AutoLution

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

COE EXP: 13/12/20

COE Rebate: 81,071

Dismantle: 14/5/2019 9.07am

Total Loss - Uneconomical to repair.

MV: \$1800.00

LTA: \$1041.00

NV: \$729.00

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:

\$ x RS. 31

Photos

Others

TOTAL

Add Fee:



Site Insp (\$



Interview (\$



Tech. Invs (\$



Weekend (\$

Report Format :

Lump Sum / L.B.I. (\$