

15/5/2010

INS. CASE OWNER:

CC4 / III1600

5950 / K203

LKK:

IDAC:

Surveyor:

KENNETH

DOI:

01-04-16

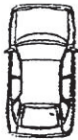
Date / Time:

01.04.16

Registered in Merimen:

01-04-16

Pre-assign / CCU / FTE



Insured Vehicle No. : SHC 8632M

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :SS

D.O.A : 30.03-16

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

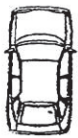
Driver Tel No. :

(V/L: YES / NO)

Insured Liability : %

Final ? Yes / No

JHV 6791



INSRS:

WSP: Answer X

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time		STAGE	DATE / PIC
	JHV 6791 - X ;	Non-Reporting ltr (1st):	
	SHC 8632M - CC4 / III1600 4401 / K203 ; D.O.A: 6/3/16	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:	S\$	(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:	S\$		
Loss of Rental (LOR):	S\$	(days)	
Loss of Use (LOU):	S\$	(\$ x days)	
Loss of Income (LOI):	S\$	(\$ x days)	
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐		[Tick only one]	
GIA/LTA Search	S\$		
Medical:	S\$		
Disbursement:	S\$	(e.g. Tow/ Independent)	1) Claim status: Normal/Reject/Private Settle
Legal Cost	S\$		2) Report Format:
			3) Survey fee:
Total:	S\$	Global Sum S\$:	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S\$	Name 1:	
Payee 2: (Strike if N.A.)	S\$	Name 2:	
Payee 3: (Strike if N.A.)	S\$	Name 3:	

ASS. REC. BY:

REF: T4 /Kenneth**ASSIGNMENT**

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Auto max

of _____

Insured: _____

Policy No. _____

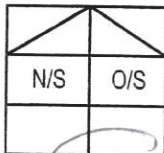
Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

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: JHV 6791 Yr Regn: 12 / 04Type: **M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /**

Truck / Trailer or

Make: Proton Wira c.c. 1400Colour: Black A/C: **Insured / Std / NI / NA**Sp. Reading: 35540P T/Radio: **Insured / Std / NI / NA**

Eng/No: _____

C/No: PL1C97LNR 5B038043Gen. Cond: **Good / Fair / Poor / Burnt**Steering: **Inorder / Jammed / Leaked / Burnt** orBrake: **Inorder / Jammed / Leaked / Burnt** orModi: **Nil / S/Rim / STD A/Rim** orTyre Size: **F:** Yoko 195/55R15**R:** B.S**BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /****TOYO / YOKO** or**Front****Rear**R/Bal. 7 mm R/Bal. 6 mmL/Bal. 7 mm L/Bal. 6 mmD.O.A. 30/3/16 D.O.I. 1/4/16Survey held at ✓Des. of Damages: **Frt / Rear / O/S / N/S / U/C / Rooftop** orRear O/S
The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
<u>1/4</u>	<u>Est not ready</u>
<u>4/4</u>	<u>File pass to Catherine</u>

Date/Time, File Pass to?

☐: **Preli. Report**

1)

☐: **Final Report**

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$)☐ : Interview (\$)☐ : Tech. Invs (\$)☐ : Weekend (\$)

Survey Fee: _____

Transportation: _____

S + RS. \$ _____

Photos _____

Others _____

TOTAL

Report Format : _____

Lump Sum / I.B.I.: (\$ _____)