

15/5/2010

INS. CASE OWNER:

CC 3 / III1600

LKK:

IDAC:

Surveyor:

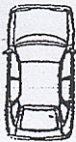
DOI:

Date / Time:

Registered in Merimen:

Pre-assign / CU / FTE

Pre-assign / CCU / FIT



Insured Vehicle No.:

Name of Insured:

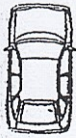
Insured Tel No.:

Excess Sec II :SS

Is driver the owner?

If NO, Driver Name / Age:

Driver Tel No.:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/Time

Date/Time

DATE / PIC

STAGE

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:

S\$ 2340.00

(25 days) Reduction:

%

Email:

Call:

FINAL SETTLEMENT

Date/Time: 18/9/200

Confirm with: William

Email:

Call:

Final Liability:

%

100

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

5

If NO or B 28, Ass. Lia:

Repair Cost:

S\$ 25638.00

Loss of Rental (LOR):

S\$ 3290.25

(25 days)

X \$ 131.61

Loss of Use (LOU):

S\$ 1000.00

(\$ 40 x 25 days)

Loss of Income (LOI):

S\$ -

(\$ x days)

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

(Tick only one)

GIA/LTA Search

S\$ 2.00

Medical:

S\$ -

Disbursement:

S\$ -

Legal Cost

S\$ -

Total:

S\$ 29330.25

Global Sum S\$: 29000.00

FINAL PAYMENT

Date/Time:

Confirm with: PAYMENT

Email:

Call:

Payee 1:

S\$ 29000.00

Name 1:

Chunni Motor Works Pte Ltd

Payee 2: (Strike if N.A.)

S\$

Name 2:

Payee 3: (Strike if N.A.)

S\$

Name 3:

(08/11/13)

REF:

Surrey:

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s CHENNA

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: 25 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No**CA / REV / REP. / 24 HRS**

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SHA60064 Yr Regn: APP 14Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: HYUNDAI c.c. 1685Colour: PAVE A/C: Insured / Std / NI / NASp. Reading: No Reading T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHUBHUMEU052757Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 205/60/16R: 2

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

TOYO / YOKO or

Wearake

Front

Rear

R/Bal. 8 mm R/Bal. 8 mmL/Bal. 7 mm L/Bal. 7 mmD.O.A. _____ D.O.I. 146/2016

Survey held at _____

Des. of Damages: Frnt / Rear / O/S / N/S / U/C / Rooftop or

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

Date / Time	Action / Instruction
15/11/16	Confirm LIS \$48000.00 with 25 working days
	<u>LIS \$234w.w (Red \$52710.96 / 70%)</u>
	<u>BV: \$76848.88 (est)</u>
	<u>27A: \$53346.25 (est)</u>
	<u>NBV: \$23,400.63 (est)</u>
	<u>(Red: \$28110.96 37%)</u>

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:

____ S + RS, ____ SI

Photos

Others

TOTAL

Report Format: _____

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

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$