

INS. CASE OWNER:

CC 0-/LPC1600

LKK:	
IDAC:	

Surveyor:

DOI:

Date / Time : _____

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : 415 D1032.

Claim No. :

Name of Insured :

Policy No. : _____

Insured Tel No. : HP:

Make / Model :

Excess Sec II :S\$ D.O.A: 8/4

Place of Accident : _____

Is driver the owner?	(YES / NO)	Nature of Accident
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If NO, Driver Name / Age :

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

Driver Tel No. : (V/L: Y)

Insured Liability :	%	Final ? Yes / No
1. General Liability	100	Yes
2. Professional Liability	100	Yes
3. Directors and Officers	100	Yes
4. Employment Practices	100	Yes
5. Fidelity and Bond	100	Yes
6. Commercial Automobile	100	Yes
7. Aircraft and Heliport	100	Yes
8. Watercraft	100	Yes
9. Umbrella	100	Yes
10. Cyber Liability	100	Yes
11. Crime	100	Yes
12. Terrorism	100	Yes
13. Pollution	100	Yes
14. Nuclear	100	Yes
15. War and PIR	100	Yes
16. Other	100	Yes



INRS:
WSP:
Tel: Tan Lim.
Liability:
RMKS:



INRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	PA 9175A-CC 6/11/16 060637/Pliny 3 00A 8/14/16		GAD 1038-CC 6/11/16 060637/Pliny 3 00A 8/14/16		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)	<input type="checkbox"/>
					After call ltr to OI:	<input type="checkbox"/>
					Authorisation To Act:	<input type="checkbox"/>
					Release Voucher:	<input type="checkbox"/>
					Final Repair Bill:	<input type="checkbox"/>
					Car Rental Invoice:	<input type="checkbox"/>
					Towing Invoice	<input type="checkbox"/>
					LTA / GIA :	<input type="checkbox"/>
					Medical Bill:	<input type="checkbox"/>
					PIR:	<input type="checkbox"/>
					Mandate/Reject Instruction:	<input type="checkbox"/>
					LOD	<input type="checkbox"/>
					Payment Breakdown Form:	<input type="checkbox"/>
PRELIMINARY ADVICE	Date/Time:	Sent By:		Post-Repair Photos:		<input type="checkbox"/>
				Others:		<input type="checkbox"/>
FINALIZATION	Date/Time:	Confirm with:		Confirm by:		
Repair Cost:	S\$	(days)	Reduction:	%	Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT	Date/Time:	Confirm with		Email <input type="checkbox"/> Call <input type="checkbox"/>		
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 <input type="checkbox"/> LOU only <input type="checkbox"/>	LOR + LOU <input type="checkbox"/>		LOR + LOI <input type="checkbox"/>		[Tick only one]	
GIA/LTA Search	S\$					
Medical:	S\$					1) Claim status: Normal/Reject/Private Settle
Disbursement:	S\$	(e.g. Tow/ Independent)				2) Report Format:
Legal Cost	S\$					3) Survey fee:
Total:	S\$	Global Sum S\$:				
FINAL PAYMENT	Date/Time:	Confirm with:		Email <input type="checkbox"/> Call <input type="checkbox"/>		
Payee 1:	S\$	Name 1:				
Payee 2: (Strike if N.A.)	S\$	Name 2:				
Payee 3: (Strike if N.A.)	S\$	Name 3:				

REF:

ASS. REC. BY: Adrian Liang**ASSIGNMENT**

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

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: _____ days Res.: **Yes** or **No**Lum Sum: _____ % 3 Val.: **Yes** or **No****CA / REV / REP. / 24 HRS**Vehicle: **IN / OUT**

Date: _____ Person Contacted: _____

Veh No: PA9175A Yr Regn: 2010 / Jun.Type: **M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /**

Truck / Trailer or _____

Make: Xutong c.c. 6693Colour: Grey A/C: **Insured / Std / NI / NA**Sp. Reading: 463640 T/Radio: **Insured / Std / NI / NA**

Eng/No: _____

C/No: LZYTBTD6991019746Gen. Cond: **Good / Fair / Poor / Burnt**Steering: **Inorder / Jammed / Leaked / Burnt** or _____Brake: **Inorder / Jammed / Leaked / Burnt** or _____Modi: **Nil / S/Rim / STD A/Rim** or _____Tyre Size: F: 295/80 R22.5R: 295/80 R22.5**BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /****TOYO / YOKO** or Triangle**Front**R/Bal. 06 mmL/Bal. 06 mm

D.O.A. _____

Survey held at Ten Lim**Rear**R/Bal. 06 mmL/Bal. 06 mmD.O.I. 20/04/16Des. 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

TP Lon Pac.

Date/Time, File Pass to?

☐ : **Preli. Report**☐ : **Final Report**

1)

Date/Time, File Return to?

2)

Report Format: _____

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

Days Of Repair: _____

Resurvey No. of Trip: _____

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

Survey Fee:

Transportation:

\$ + RS. \$ _____

Photos

Others

TOTAL