

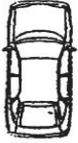
INS. CASE OWNER:

CC 3 /LPC1600 9279 / Kwa3

LKK:
IDAC:

Surveyor: KENNETH DOI: 17-05-16 Date / Time: 17-05-16
Registered in Merimen: -

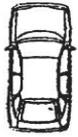
Pre-assign / CCU / FTE



Insured Vehicle No. : GBA 650 U Claim No. : _____
Name of Insured : _____ Policy No. : _____
Insured Tel No. : _____ HP: _____ Make / Model : _____
Excess Sec II :SS _____ D.O.A : 17-05-16 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

SHD 5980Y → → → →



INSRS:
WSP: Trans-Cab
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
<u>SHD 5980Y - X ; GBA 650 U - X</u>	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"/> <input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/> <input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/> <input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/> <input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/> <input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
	PIR:	<input type="checkbox"/> <input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
	LOD	<input type="checkbox"/> <input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
	Others:	<input type="checkbox"/> <input type="checkbox"/>
PRELIMINARY ADVICE Date/Time: _____ Sent By: _____		
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\$ _____		
Disbursement: S\$ _____ (e.g. Tow/ Independent)		
Legal Cost S\$ _____		
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: _____		

- 1) Claim status: Normal/Reject/Private Settle
- 2) Report Format:
- 3) Survey fee:

REF: LPC /

ASS. REC. BY:

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Trans Cab

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.

<input type="checkbox"/>	<input type="checkbox"/>
N/S	O/S
<input type="checkbox"/>	<input type="checkbox"/>

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 02 days Res.: Yes or No

Lum Sum: 20% 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: S14D 59804 Yr Regn: 02 11

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

Truck / Trailer or

Make: Toyota c.c. 1987

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

Sp. Reading: 538658 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTDGJ20W905003289

Gen. 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: 195/65R15

R: _____

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

TOYO / YOKO or Falken

Front

Rear

R/Bal. 4 mm R/Bal. 3 mm

L/Bal. 4 mm L/Bal. 3 mm

D.O.A. 17/5/16 D.O.I. 17/5/16

Survey held at ✓

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

O/S 15

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

Date / Time	Action / Instruction
<u>17/5</u>	<u>GIA & Est not ready</u>
<u>19/5</u>	<u>11 Bay @ 15500 fixed</u>
<u>19/5</u>	<u>From panel to Corbin</u>

Date/Time, File Pass to? : Prel. Report

1) : Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Report Format : _____

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

Add Fee: : Site Insp (\$ _____)

: Interview (\$ _____)

: Tech. Invs (\$ _____)

: Weekend (\$ _____)

Survey Fee:	<input type="text"/>
Transportation:	
____ S + RS ____ SI	
Photos	
Others	
TOTAL	<input type="text"/>