

15/5/2010

INS. CASE OWNER:

CC 3 / EQ160

14328 / K203

LKK:

IDAC:

Surveyor:

KENNETH

DOI:

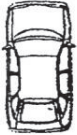
11/11/16

Date / Time:

11/11/16

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : 86X 2666 G

Name of Insured :

Insured Tel No. : HP:

Excess Sec II :SS D.O.A : 11/11/16

Is driver the owner? (YES / NO) Nature of Accident :

If NO, Driver Name / Age :

Driver Tel No. : (V/L: YES / NO)

Claim No. :

Policy No. :

Make / Model :

Place of Accident :

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

Insured Liability : % Final ? Yes / No

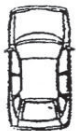
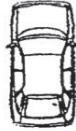
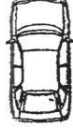
Unknown Vehicles

86X 2666 G

SHB 7512M

JPH 5344

Unknown

INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability : 81
RMKS:INSRS:
WSP: Trans-Gas
Tel :
Liability :
RMKS: 70INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC	
SHB 7512M X: 86X 2666 G X	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:	
Repair Cost:	S\$	(days) Reduction: %	
FINAL SETTLEMENT	Date/Time:	Confirm with:	
Final Liability:	%	(Agreed / Assessed) BOLA S/N No. :	
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"/>	

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

REF: EQ/

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. _____

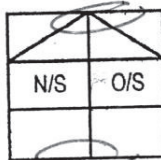
Sum Insured: _____

Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 03 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SHB 75124 Yr Regn: 03, 12

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

Truck / Trailer or _____

Make: Chevrolet Epice c.c. 1991Colour: White / Red A/C: Insured / Std / NI / NASp. Reading: 330861 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KLILA69RTBB 065097Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 195/65R15

R: _____

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

TOYO / YOKO or Falken

Front

Rear

R/Bal. 6 mmR/Bal. 7 mmL/Bal. 6 mmL/Bal. 7 mmD.O.A. 1/7/16D.O.I. 1/8/16

Survey held at _____

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or& 1st

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

Date / Time

Action / Instruction

2/8 11:30pm 829001 Sxxd7 File pass to Corbin

Date/Time, File Pass to?



: Preli. Report

1)



: Final Report

Date/Time, File Return to?

2)

Report Format : _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech. Invs (\$



: Weekend (\$

Survey Fee:

Transportation:

S + RS. \$

Photos

Others