

INS. CASE OWNER:

CC3 / LCR170

LKK:

IDAC:

Surveyor:

DOI:

Date / Time:

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SLD 6985E

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :SS D.O.A: 16-11-17

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

HAD 204 m

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

Date/ Time		STAGE	DATE / PIC
	SLD 204 m	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:
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FINALIZATION	Date/Time:	Confirm with:	Confirm by:
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Repair Cost:	S\$	(days) Reduction:	%	Email ☐ Call ☐
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FINAL SETTLEMENT	Date/Time:	Confirm with	Email ☐ Call ☐
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Final Liability:	%	(Agreed / Assessed) BOLA S/N No. :	If NO or B 28, Ass. Lia :
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Repair Cost:	S\$		
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Loss of Rental (LOR):	S\$	(days)	
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Loss of Use (LOU):	S\$	(\$ x days)	
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Loss of Income (LOI):	S\$	(\$ x days)	
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LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]			
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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 ☐ Call ☐
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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:

AG

Kenneth

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.

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 NoLum Sum: 1.5 % 3 Val.: Yes or No

CA / REV / REP. / 24-HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SHD 2042Yr Regn: 10, 15

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

Truck / Trailer or

Make: Perodua

Latitude

c.c

1895Colour White

A/C:

Insured / Std / NI / NA

Sp. Reading 259236

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: VFIABL15AUC282373Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim orTyre Size: F: 215/60R16F: CitiLing R: Long

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

TOYO / YOKO or

Front

Rear

R/Bal. 8 mmR/Bal. 5 mmL/Bal. 8 mmL/Bal. 5 mmD.O.A. 16/11/17D.O.I. 17/11/17

Survey held at _____

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

MS Re

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

Date / Time

Action / Instruction

20/11File pass to Catherine781617.11

Date/Time, File Pass to?

☐

: Prell. 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 (\$ _____)