

INS. CASE OWNER:

CC 4 / AXA170

LKK:

IDAC:

Surveyor:

DOI:

Date / Time :

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

Name of Insured :

Insured Tel No. :

HP:

Excess Sec II :S\$

D.O.A. : 14/11/13

Is driver the owner?

(YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

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

Insured Liability :

%

Final ? Yes / No



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

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)

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\$

(

days)

Reduction:

%

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with

Email

Call

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 ☐ LOU only ☐LOR + LOU ☐LOR + LOI ☐

[Tick only one]

GIA/LTA Search

S\$

Medical:

S\$

Disbursement:

S\$

(e.g. Tow/ Independent)

Legal Cost

S\$

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

Total:

S\$

Global Sum S\$:

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

S\$

Name 1:

Payee 2: (Strike if N.A.)

S\$

Name 2:

Payee 3: (Strike if N.A.)

S\$

Name 3:

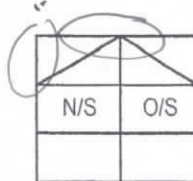
REF:

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: _____ days Res.: Yes or No
 Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: PC7044 Yr Regn: 30/6/2011
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Golden Dragon C.C. 2776
 Colour: White A/C: Insured / Std / NI / NA
 Sp. Reading: 122054 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: LL3B C40 D 8AA 003722
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Modi: NA / S/Rim / STD A/Rim or
 Tyre Size: F: 215 / 75 R 17.5
 R: 11
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Bridgestone
 Front _____ Rear _____
 R/Bal. 6 mm R/Bal. 6 mm
 L/Bal. 6 mm L/Bal. 6 mm
 D.O.A. 14/11/2017 D.O.I. 17/11/2017
 Survey held at RVS Allied
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Frt, N/S 17
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time | Action / Instruction

Date/Time, File Pass to?

☐ : Preli. Report

Days Of Repair:

1) _____
 Date/Time, File Return to?

☐ : Final Report

Resurvey No. of Trip:

Survey Fee:

2) _____

Add Fee: ☐ : Site Insp (\$ _____) S + RS. _____ SI

Transportation:

Report Format :

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

☐ : Interview (\$ _____) Photos☐ : Tech. Invs (\$ _____) Others☐ : Weekend (\$ _____)

TOTAL

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type	Business
Owner ID	1604L
Vehicle Details	
Vehicle No.	PC704Y
Vehicle to be Exported	No
Intended De-registration Date	20 Nov 2017
Vehicle Make	GOLDEN DRAGON
Vehicle Model	XML6701J18
Primary Colour	Multi-Colour
Manufacturing Year	2010
Engine No.	ISF28S4148T89501206
Chassis No.	LL3BCADD8AA003722
Maximum Power Output	-
Open Market Value	\$44,205.00
Original Registration Date	30 Jun 2011
First Registration Date	30 Jun 2011
Transfer Count	1
Actual ARF Paid	\$2,211.00
Intended PARF Rebate Details	
PARF Eligibility	No
PARF Eligibility Expiry Date	-
PARF Rebate Amount	\$0.00
Intended COE Rebate Details	
COE Expiry Date	29 Jun 2021
COE Category	C - Goods Vehicle & Bus
COE Period(Years)	10
QP Paid	\$29,006.00
COE Rebate Amount	\$10,466.00
Total Rebate Amount	\$10,466.00

The information contained herein is correct as at 20 Nov 2017

OK