

15/5/2010

INS. CASE OWNER:

CC 6/AIG1702 2796, A yb3

LKK:

IDAC:

Surveyor:

Adnan

DOI:

11/12/17

Date / Time:

30/11/17

Registered in Merimen:

30/11/17

Pre-assign / CCU / FTE



Insured Vehicle No.:

SJD 7320R

Name of Insured:

FOH KIA KM LEONARD

Insured Tel No.:

HP: 98202660

Excess Sec II :S\$

D.O.A: 24/11/17

Is driver the owner?

(YES) / NO

Nature of Accident:

Claim No.:

Policy No.:

Make / Model:

Place of Accident:

2100070871

TOYOTA

CUNNY RD

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

SCX 218C



INSRS:

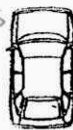
WSP:

Tel:

Liability:

RMKS:

Specialists



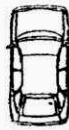
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date / Time		STAGE	DATE / PIC
11/12/17	SCX 218C-X	Non-Reporting ltr (1st):	
11/12/17		Non-Reporting ltr (2nd):	
11/12/17		Non-Reporting ltr (Final):	
11/12/17 @ 4:40	Spoke with OI, confirmed car ended TP vehicle. Agreed to settle & aware NCD rule.	Notification ltr (if non-pickup):	30/11/17
		Call OI:	by: 1
		After call ltr to OI:	cre
11/12/17 @ 4:40	Email link clear to TP.	Documentation Check List:	Handler
01/12/17 @ 4:43	Sent email to OI: link is clear.	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:
Repair Cost:	S\$	() days	Reduction: %
FINAL SETTLEMENT		Date/Time:	Confirm with:
Final Liability:	% 100	(Agreed / Assessed)	BOLA S/N No. : 27
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\$		
Total:	S\$	Global Sum S\$:	
FINAL PAYMENT		Date/Time:	Confirm with:
Payee 1:	S\$	Name 1:	
Payee 2: (Strike if N.A.)	S\$	Name 2:	
Payee 3: (Strike if N.A.)	S\$	Name 3:	

REF:

Surveyor

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: SCX218 C. Yr Regt: 2016 MayType: M.Cab / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Toyota Alphard C.C. 2493Colour: Black A/C: Insured / Std / NI / NASp. Reading: 30955 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: AGH300042194Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 215/65R16.R: 215/65R16.

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

TOYO / YOKO or

Front

Rear

R/Bal. 06 mm R/Bal. 06 mmL/Bal. 06 mm L/Bal. 06 mmD.O.A. _____ D.O.I. 21/12/17.Survey held at Specialist.Des. 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 Alg.

Date/Time, File Pass to?

☐

Preli. Report

1)

☐

Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

S + RS \$ _____

Photos

Others

TOTAL

Report Format: _____

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

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