

INS. CASE OWNER:

CC6 /AIG1800 1934, U h63

| LKK:

IDAC:

Surveyor:

mar-lus

DOI: 71118

Date / Time :

41/1/18

Registered in Merimen:

3	1	1	18
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Pre-assign / CCU / FTE

SEA 8399L



Insured Vehicle No.

Claim No.

Name of Insured

Policy No.

Insured Tel No.

HP:

Make / Model :

Excess Sec II :S\$

D.O.A :

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

965 7527J



INRS:
WSP:
Tel :
Liability
RMKS:

peppers



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:	☐
PRELIMINARY ADVICE	Date/Time:	Sent By:	Post-Repair Photos:	☐ ☐
			Others:	☐ ☐
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)	1) Claim status: Normal/Reject/Private Settle	
Legal Cost	S\$		2) Report Format:	
Total:	S\$	Global Sum S\$:	3) Survey fee:	
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: ALH

ASSIGNMENT

From: Date: 31-01-2018

Estimated Cost:

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

To Inspect Vehicle No: SL5 7527J

at Workshop m/s Pegasus

of 51 Dehu Lane 10

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

10am

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

Bal. or Market Value:

IDAC Accident Rpt: Consistent? : Yes or No

G/A / 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:

7200G

Vehicle: IN / OUT

Veh No: SL5 7527J Yr Regn: 10 17

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

Truck / Trailer or CAI

Make: Toyota prius Hybrid 1798

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

Sp. Reading: 36103 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JTDKB3FU00357171

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: Nil / STD A/Rim or

Tyre Size: F:

R:

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

TOYO / YOKO or

westlake

Front

Rear

R/Bal. 7 mm

R/Bal. 7 mm

L/Bal. 7 mm

L/Bal. 7 mm

D.O.A. 17/1/18

D.O.I. 31/1/18

Survey held at

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

Rear

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

Date / Time Action / Instruction

Date/Time File Pass to?

☐

: Preli. Report

Date/Time File Return to?

☐

: Final Report

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation

Add Fee: ☐ Site Insp \$☐ Interview \$☐ Tech. Invs \$☐ Weekend \$☐ S - R \$☐ Photos☐ Others

Report Format:

Lump Sum / I.B.I. / \$

TOTAL