

INS. CASE OWNER: Stacey | CC 4 / ASM1800 2830 / K eas | IDAC: 10057

Surveyor: Kenneth | DOI: 9/2/18 | Date / Time : _____
Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SLT 9183Z
Name of Insured : _____
Insured Tel No. : _____ HP: _____
Excess Sec II : SS D.O.A : 27/10/18
Is driver the owner? (YES / NO) Nature of Accident : _____

Claim No. : C8m007xx
Policy No. : _____
Make / Model : _____
Place 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

GT 8064 A



INSRS: Alan's
WSP: United
Tel : _____
Liability : _____
RMKS: _____



INSRS: _____
WSP: _____
Tel : _____
Liability : _____
RMKS: _____



INSRS: _____
WSP: _____
Tel : _____
Liability : _____
RMKS: _____



INSRS: _____
WSP: _____
Tel : _____
Liability : _____
RMKS: _____

Date / Time

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SLT 9183Z - C53 / MSG 1800 2830 / Wd3 ; 000:28/1/18

7 UNI

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: 14/2/18 Sent By: Ben

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

Medical:

Disbursement: S\$ (e.g. Tow/ Independent)

Legal Cost

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: _____

1) Claim status: Normal/Reject/Private Settle

2) Report Format: _____

3) Survey fee: _____

ASS. REC. BY:

REF: ALA /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. _____

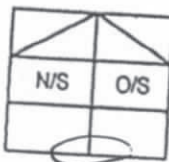
Sum Insured: _____

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 No

Lum Sum: _____

20 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____

Person Contacted: _____

Vehicle: IN / OUT

Veh No: GT 80681Yr Regn: 11, 00

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

Truck / Trailer or _____

Make: Toy Dynac.c. 2986Colour: White

A/C: Insured / Std / NI / NA

Sp. Reading: 614994

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: _____

64212 - 0004309

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: _____

Max Mile175R 14x8R. Falken155R 12x8 (D)

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

TOYO / YOKO or _____

Front

R/Bal. _____

mm

Rear

R/Bal. _____

mm

L/Bal. _____

mm

L/Bal. _____

mm

D.O.A. _____

D.O.I. _____

Survey held at _____

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

12/2Ph neg to Corwin

Date/Time, File Pass to?

☐

: Prell. Report

☐

: Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Survey Fee:

Transportation:

S + RS. \$

Photos

Others

TOTAL

Report Format :

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