

INS. CASE OWNER:

Jns Tan | CC 4 / ASM1800 5696, Kuala

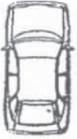
LKK: 36805
IDAC:

Surveyor: Kenneth DOI: 29/3/18 Date / Time: 26/03/18
Registered in Merimen: _____

Pre-assign / CCU / FTE

SJF 6556A "VIRTUAL"

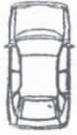
S8M WAKR Gx



Insured Vehicle No. : _____ Claim No. : _____
Name of Insured : _____ Policy No. : _____
Insured Tel No. : _____ HP: _____ Make / Model : _____
Excess Sec II :SS D.O.A: 16/2/18 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

S6S910



INSRS: SWA
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
S6S910 - X; SJF 6556A - X	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)	<input type="checkbox"/> <input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/> <input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/> <input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/> <input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/> <input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
	PIR:	<input type="checkbox"/> <input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
	LOD	<input type="checkbox"/> <input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
PRELIMINARY ADVICE Date/Time: _____ Sent By: _____	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
	Others:	<input type="checkbox"/> <input type="checkbox"/>
FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____		
Repair Cost: S\$ _____ (_____ days) Reduction: _____ %	Email <input type="checkbox"/>	Call <input type="checkbox"/>
FINAL SETTLEMENT Date/Time: _____ Confirm with: _____ Email <input type="checkbox"/> Call <input type="checkbox"/>		
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 <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]		
GIA/LTA Search S\$ _____		
Medical: S\$ _____	1) Claim status: Normal/Reject/Private Settle	
Disbursement: S\$ _____ (e.g. Tow/ Independent)	2) Report Format:	
Legal Cost S\$ _____	3) Survey fee:	
Total: S\$ _____ Global Sum S\$: _____		
FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email <input type="checkbox"/> Call <input type="checkbox"/>		
Payee 1: S\$ _____ Name 1: _____		
Payee 2: (Strike if N.A.) S\$ _____ Name 2: _____		
Payee 3: (Strike if N.A.) S\$ _____ Name 3: _____		

Surveyor

ASSIGNMENT

From: _____ Date: 29032018
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: SGS 91D
 at Workshop m/s: S & H
 of: 160 Sin Ming Drive #07-02
 Insured: _____
 Policy No. _____
 Claims No. _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

Veh No: SGS 91D Yr Regn: 06 / 13
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Lexus RX270 c.c. 2072
 Colour: M. Maroon A/C: Insured / Std / NI / NA
 Sp. Reading: 73185 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: JTJZA11A 402028824
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or _____
 Brake: In order / Jammed / Leaked / Burnt or _____
 Modi: Nil / S/Rim / STD A/Rim or _____
 Tyre Size: F: 235/60R18
 R: _____

(Policy Condition) 1pm-3pm

N/S	O/S

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

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Falken
 Front Rear
 R/Bal. 4 mm R/Bal. 5 mm
 L/Bal. 4 mm L/Bal. 5 mm
 D.O.A. 16/2/18 D.O.I. 29/3/18
 Survey held at ✓
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
N/S FR
 The U/C / Chassis frame / Body Structure affected due to collision.

Bal. or Market Value: _____
 IDAC Accident Rpt: _____ Consistent?: Yes or No
 GIA / PR Seen: _____ Consistent?: Yes or No
 Est. Repairs: 04 days Res.: Yes or No
 Lum Sum: 1-B-1 % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Date / Time	Action / Instruction
<u>2/4</u>	<u>File pass to Catherine</u>

Date/Time, File Pass to? : Preli. Report
 : Final Report
 1) _____
 Date/Time, File Return to?
 2) _____

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

Days Of Repair: _____
 Resurvey No. of Trip: _____

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

Survey Fee: _____
 Transportation: _____
 S + RS, SI
 Photos
 Others
 TOTAL

Enquire Transfer Fee

Vehicle Details	
Vehicle No. :	SGS91D
Vehicle Type :	P11 - Passenger Station Wagon/Jeep/Land Rover
Vehicle Attachment 1:	No Attachment
Vehicle Scheme :	Normal
Vehicle Make :	TOYOTA
Vehicle Model :	LEXUS RX270 AUTO
Chassis No. :	JTJZA11A402028824
Propellant :	Petrol
Engine No. :	1AR0901337
Engine Capacity :	2672 cc
Maximum Power Output :	138.0 kW (185 bhp)
Maximum Laden Weight :	2410 kg
Unladen Weight :	1840 kg
Year Of Manufacture :	2013
Original Registration Date :	28 Jun 2013
Lifespan Expiry Date :	-
COE Category :	E - Open Category
Quota Premium :	\$62,301.00
COE Expiry Date :	27 Jun 2023