

INS. CASE OWNER:

CC 4 / AIG 1800 6348 / Kua3

LKK:

IDAC:

Surveyor:

KSL

DOI:

13-6-18

Date / Time:

4-4-18

Registered in Merimen:

5-4-18

Pre-assign / CCU / FTE



Insured Vehicle No. : SLU 8228E

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :SS D.O.A: 30/3/18

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

SLB1952T



INSRS:

WSP:

Tel :

Liability :

RMKS:

Acord Auto



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time		STAGE	DATE / PIC
	SLB1952T-X ; SLU8228E-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)	☐ ☐
		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:		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:					

Surveyor**ASSIGNMENT**From: _____ Date: **13062018**

Estimated Cost: _____

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

To Inspect Vehicle No: **SLB 1952T**at Workshop m/s **Accord Auto**of **10 AM K1 Ind Park 2A #03-11**

Insured: _____

Policy No. _____

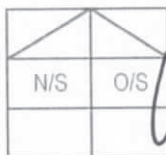
Claims No. _____

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: **05** days Res.: Yes or NoLum Sum: **20** % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: **SLB 1952T**Yr Regn: **03, 16**Type: ☒ M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: **Honda**C.C. **1496**Colour **M. Maroon**

A/C: Insured / Std / NI / NA

Sp. Reading **60143**

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: **RU1****1111305**

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: **F: Dun****215/60R16****Rear: MRF**

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

TOYO / YOKO or

Front

R/Bal. **3** mm

Rear

R/Bal. **8** mmL/Bal. **3** mmL/Bal. **8** mmD.O.A. **31/3/18**D.O.I. **13/6/18**

Survey held at _____

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

als body

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

Date / Time Action / Instruction

14/6 file pass to Customer

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

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. SI

) Photos

) Others

TOTAL

Report Format : _____

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

Enquire Transfer Fee

Vehicle No. :	SLB1952T		
Vehicle Type :	P10 - Passenger Motor Car		
Vehicle Attachment 1 :	No Attachment		
Vehicle Scheme :	Normal		
Vehicle Make :	HONDA		
Vehicle Model :	VEZEL 1.5X CVT		
Chassis No. :	RU11111305		
Propellant :	Petrol		
Engine No. :	L15B4031308		
Engine Capacity :	1496 cc		
Maximum Power Output :	96.0 kW (128 bhp)		
Maximum Laden Weight :	1465 kg		
Unladen Weight :	1190 kg		
Year Of Manufacture :	2015		
Original Registration Date :	30 Mar 2016		
Lifespan Expiry Date :	-		
COE Category :	A - Car up to 1600cc & 97kW (130bhp)		
Quota Premium :	\$54,301.00		
COE Expiry Date :	29 Mar 2026		
Road Tax Expiry Date :	29 Mar 2019		
PARF Eligibility Expiry Date :	29 Mar 2026		
Inspection Due Date :	29 Mar 2019		
Intended Transfer Date :	02 Apr 2018		
CO2 Emission :	117.00 (g/km)		
CEV/VES Rebate Utilised Amount :	\$10,000.00		
CO Emission :	-		
HC Emission :	-		
NOx Emission :	-		
PM Emission :	-		
Late renewal fee(s) will be imposed if road tax / lay up has expired. Please use Enquire Road Tax Payable for fee(s) payable.			
Road tax, including Over Payment (if any), of a vehicle will follow the vehicle to the new registered owner when its ownership is being transferred.			
	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Transfer Fee :	25.00	-	25.00
Total Amount Payable :			25.00

You may print this page for reference.

OK

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