

INS. CASE OWNER:

CC 9/III1800

11kk.

IDAC:

Surveyor:

DOI:

Date / Time :

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.

Name of Insured

Insured Tel No.

Excess Sec II :S\$

Is driver the owner?

( YES / NO )

Nature 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 |
|-------------------------------------|---|------------------|
| 1. General Liability                |   |                  |
| 2. Professional Liability           |   |                  |
| 3. Directors and Officers Liability |   |                  |
| 4. Employment Practices Liability   |   |                  |
| 5. Commercial Automobile Liability  |   |                  |
| 6. Umbrella Liability               |   |                  |
| 7. Other                            |   |                  |

SLR 46597



INSRS:

WSP:

Tel :

**Liability :**

RMKS:



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:   |  |  |                          |
|                                   |  |                                   |  | <b>Documentation Check List:</b>  |  | <b>Handler    Typist</b>                                     |                          |
|                                   |  |                                   |  | 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"/> |
| <b>PRELIMINARY ADVICE</b>         |  | Date/Time:                        |  | Sent By:  |  | Post-Repair Photos:  |                          |
|                                   |  |                                   |  |   |  | <input type="checkbox"/> <input type="checkbox"/>            |                          |
|                                   |  |                                   |  |   |  | <input type="checkbox"/> <input type="checkbox"/>            |                          |
| <b>FINALIZATION</b>               |  | Date/Time:                        |  | Confirm with:   |  | Confirm by:  |                          |
| Repair Cost:                      |  | S\$ (        days)                |  | Reduction:        %   |  | Email <input type="checkbox"/> Call <input type="checkbox"/> |                          |
| <b>FINAL SETTLEMENT</b>           |  | 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:   |                          |
| <b>Total:</b>                     |  | <b>S\$</b>                        |  | <b>Global Sum S\$:</b>  |  |  |                          |
| <b>FINAL PAYMENT</b>              |  | 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

Taylor

REF:

III

# ASSIGNMENT

From: Date: 20040108

Estimated Cost:

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

To Inspect Vehicle No: SLK 4659Z

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: days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: Person Contacted:

Vehicle: IN / OUT

Veh No: SLK 4659Z Yr Regn: 2017 Jan.

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

Truck / Trailer or

Make: Toyota ALHS C.C 1548

Colour: Blue. A/C: Insured / Std / NI / NA

Sp. Reading: 118367 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: MK053REH104560347

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: 205/55R16

R: 205/55R16

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

TOYO / YOKO or West lake

Front

Rear

R/Bal. 6 mm R/Bal. 6 mm

L/Bal. 6 mm L/Bal. 6 mm

D.O.A. D.O.I. 20/4/18

Survey held at Ding Auto

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

Rear n/s

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

Date / Time Action / Instruction

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:

Add Fee: ☐ : Site Insp (\$ )

☐ : Interview (\$ )

☐ : Tech. Invs (\$ )

☐ : Weekend (\$ )

☐ S + RS, SI

Photos

Others

Report Format :

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

TOTAL