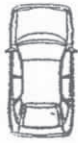


Surveyor: ADRIAN DOI: 30/04/2018 Date / Time : 30/04/2018
Registered in Merimen: 3/5/18

Pre-assign / CCU / FTE



Insured Vehicle No. : SKV 5810A
Name of Insured : _____
Insured Tel No. : _____ HP: _____
Excess Sec II :SS _____ D.O.A : 30/4/18
Is driver the owner? (YES / NO) Nature of Accident : _____

Claim No. : _____
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

SKV 5810A → GW6875Z → Ym 7508S/A → _____



INSRS: _____
WSP: _____
Tel : _____
Liability : _____
RMKS: 01



INSRS: _____
WSP: plynthon
Tel : _____
Liability : _____
RMKS: 7p



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



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

Date/ Time

GW6875Z - X ; SKV 5810A - X

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)	<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\$					
Disbursement:	S\$	(e.g. Tow/ Independent)			1) Claim status: Normal/Reject/Private Settle	
Legal Cost	S\$				2) Report Format:	
					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:				

ASS. REC. BY: Adrian King**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.**

N/S	O/S

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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: GW68752 Yr Regn: 2003 / Sept.Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Nissan Urvan C.C. 2853Colour: Silver A/C: Insured / Std / NI / NASp. Reading: 218563 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JNIMGAE2520710335Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 195R15CR: 195R15C

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

TOYO / YOKO or Ohtsu

Front _____ Rear _____

R/Bal. 06 mm R/Bal. 06 mmL/Bal. 06 mm L/Bal. 06 mmD.O.A. _____ D.O.I. 30/04/18Survey held at Paya UbiDes. of Damages: FF / Rear / O/S / N/S / U/C / Rooftop or

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

Date / Time	Action / Instruction
	<u>TPALG. Flying High Total Loss.</u>
	<u>MV: 5.5K</u>
	<u>PV: 1.4K.</u>
	<u>Net: 4.1K</u>

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

TOTAL

Report Format : _____

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

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Business
Owner ID:	1747L
Vehicle Details	
Vehicle No.:	GW6875Z
Vehicle to be Exported:	Yes
Intended De-registration Date:	30 Apr 2018
Vehicle Make:	NISSAN
Vehicle Model:	URVAN
Primary Colour:	Silver
Manufacturing Year:	2003
Engine No.:	ZD30031250
Chassis No.:	JN1MG4E25Z0710335
Maximum Power Output:	-
Open Market Value:	\$21,740.00
Original Registration Date:	26 Sep 2003
First Registration Date:	26 Sep 2003
Transfer Count:	1
Actual ARF Paid:	\$1,087.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	31 Jul 2018
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	5
PQP Paid:	\$28,787.00
COE Rebate Amount:	\$1,439.00
Total Rebate Amount:	\$1,439.00
Message	
Please note that all future COE renewals for this vehicle can only be for a 5-year period, subject to the statutory lifespan (if applicable) of the vehicle.	

The information contained herein is correct as at 30 Apr 2018

OK