

INS. CASE OWNER:

CL | CC 4 / ASM1800 8376, K uas | LKK: 43777
IDAC: 43777

Surveyor: Kenneth DOI: 7/8/18 Date / Time: 7/5/2018
Registered in Merimen: _____

Pre-assign / CCU / FTE

FBK 5161D



Insured Vehicle No. : _____ Claim No. : S8m00Fw1
Name of Insured : _____ Policy No. : _____
Insured Tel No. : _____ HP: _____ Make / Model : _____
Excess Sec II :SS _____ D.O.A: 30/04/2018 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

SJY 765 B → _____ → _____ → _____



INSRS: _____
WSP: Estempura
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:	
	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"/>
	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
	Others:	<input type="checkbox"/> <input type="checkbox"/>
PRELIMINARY ADVICE Date/Time: <u>9/5/18</u> Sent By: <u>[Signature]</u>		
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)		
Legal Cost S\$ _____		
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:

REF: AVA

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Essex

of _____

Insured: _____

Policy No. _____

Claims No. _____

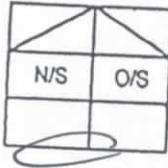
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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



Bal. or Market Value: 826k

IDAC Accident Rport: _____ 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: STY 765B Yr Regn: 08, 10

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

Make: Toy Vios c.c. 1497

Colour: Yellow A/C: Insured / Std / NI / NA

Sp. Reading: 174037 T/Radio: Insured / Std / NI / NA

Eng/No: _____ C/No: MRC5314Y9305170412

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: Nil / S/Rlm / STD A/Rlm or Tyre Size: F: 185/60 R15

R: _____ BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

Front	Rear
R/Bal. <u>2</u> mm	R/Bal. <u>3</u> mm
L/Bal. <u>2</u> mm	L/Bal. <u>3</u> mm

D.O.A. 30/4/18 D.O.I. 7/5/18

Survey held at _____

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

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
<u>8/15</u>	<u>File pass to Catharine</u>

Date/Time, File Pass to? : Prell. Report : Final Report

1) _____ Date/Time, File Return to? 2) _____

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

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

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

Survey Fee: _____
 Transportation: _____ \$ + RS. _____ \$
 Photos _____
 Others _____
 TOTAL _____