

INS. CASE OWNER: 

CC 3/III1800

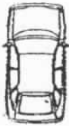
8560, Kuba

LKK:

IDAC:

Surveyor: FennethDOI: 15/18Date / Time: 9/5/18Registered in Merimen: 10/5/18

Pre-assign / CCU / FTE



Insured Vehicle No.:

SHC 1524J

Claim No.:

Name of Insured:

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II :S\$

D.O.A:

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

SHD 197A



INSRS:

WSP:

Tel:

Liability:

RMKS:

Trans Cab



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)	☐ ☐
	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:
FINALIZATION	Date/Time:	Confirm with:
Repair Cost:	S\$	(days) Reduction: %
		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time:	Confirm with:
		Email ☐ Call ☐
Final Liability:	%	(Agreed / Assessed) BOLA S/N No. :
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)
Legal Cost	S\$	
Total:	S\$	Global Sum S\$:
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:

ASS. REC. BY:

REF: Tu /Kenneth

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. _____

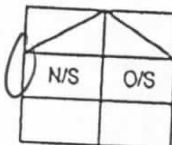
Sum Insured: _____

Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

Bal. or Market Value: _____

IDAC Accident Rpt: _____

Consistent? : Yes or No

GIA / PR Seen: _____

Consistent? : Yes or No

Est. Repairs: _____

02 days

Res.: Yes or No

Lum Sum: _____

1-B. / %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____

Person Contacted: _____

Vehicle: IN / OUT

Veh No: S170 197AYr Regn: 10, 15

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

Truck / Trailer or _____

Make: Perant Latitudec.c. 1995Colour: M. White / Red

A/C: Insured / Std / NI / NA

Sp. Reading: 266479

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: V1-1AB115AUC 282291Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: NII / S/Rim / STD A/Rim orTyre Size: 175/60R16R: GitiBS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or

Front

Rear

R/Bal. 9 mmR/Bal. 4 mmL/Bal. 9 mmL/Bal. 4 mmD.O.A. 71518D.O.I. 9/5/18

Survey held at _____

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

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

Date / Time

Action / Instruction

10/5File pass to Customer
84500.25

Date/Time, File Pass to?

☐

: Prell. Report

1)

Date/Time, File Return to?

☐

: Final Report

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

Add Fee: ☐

: Site Insp (\$ _____)

☐

: Interview (\$ _____)

☐

: Tech Invs (\$ _____)

☐

: Weekend (\$ _____)

) \$ + RS. \$ _____

) Photos

) Others

TOTAL

Report Format :

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