

INS. CASE OWNER:

CC 4/III1800 9817, R1 uaz

Surveyor:

MABW

DOI:

ASSIGNMENT

30/5/18

Date / Time:

30/5/18

Registered in Merimen:

31/5/18

Pre-assign / CCU / FTE



Insured Vehicle No. : SHA 1395D

Name of Insured : C9PC

Insured Tel No. : HP:

Excess Sec II :SS

D.O.A : 24/5/2018

Is driver the owner? (YES / NO) Nature of Accident :

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

Claim No. :

Policy No. :

Make / Model :

Place of Accident :

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : - %

Final ? Yes / No

SHA 445A

INSRS: King Auto.
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time

SHA 445A - 03/01/14 0018 791 473 w2 : DOA 24/1/14
SHA 1395D - 04/11/17 00 7786/620392 : DOA 18/4/17

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:

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)

Legal Cost

S\$

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

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:

Simulator

Veh No: SHA 445A Yr Regn: 2017 / Jan

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

Truck / Trailer or

Make: HYUNDAI I-40 1-1600 C.C 160S

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

Sp. Reading 195039 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: RMHLB41UMH0698330

Gen. Cond: Good / Fair / Poor / Burnt

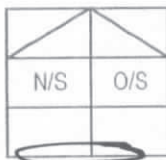
Steering: In order / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 205/60R16

R: u.



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

TOYO / YOKO or WEST LAKE

Front

Rear

R/Bal. mm R/Bal. mm

L/Bal. 5 mm L/Bal. 3 mm

D.O.A. 24/05/18 D.O.I. 30/05/18

Survey held at DING GATE

Vehicle: IN / OUT

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

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

☐: Preli. Report

☐: Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee: : Site Insp (\$

☐ Interview (\$

Tech. Invs (\$)

☐ : Weekend (\$)

Survey Fee:

Transportation

$$) \quad S + RS, \quad SI$$

) Photos

) Others

TOTAL