

INS. CASE OWNER:

Staley- | CC 6/AXA1800 7863, P2 1/10/10

LKK:
IDAC:

Surveyor: Kalvin DOI: Assignment nil/18 Date / Time: nil/18
Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SCX 787B
Name of Insured : _____
Insured Tel No. : _____ HP: _____
Excess Sec II :S\$ _____ D.O.A : nil/18
Is driver the owner? (YES / NO) Nature of Accident : _____

Claim No. : 880009914880
Policy No. : _____
Make / Model : _____
Place of Accident : _____

If NO. Driver Name / Age :

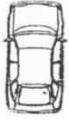
Driver Tel No. :

(V/L: YES / NO)

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

Insured Liability : % Final ? Yes / No

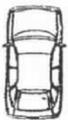
SHB 8616R →



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



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



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

Date/ Time	STAGE	DATE / PIC
<u>SHB 8616R</u>		
<u>SCX 787B-4</u>		
	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"/>
	After call ltr to OI:	<input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/>
	PIR:	<input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/>
	LOD	<input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/>

PRELIMINARY ADVICE Date/Time: _____ Sent By: _____
Post-Repair Photos:
Others:

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: _____

08/11/13

Insured: Kalvin

REF:

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspected 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

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SHB 8616R Yr Regn: 28 Oct 13

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

Truck / Trailer or _____

Make: KIA optima c.c. 1685

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

Sp. Reading: 403592 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KNAH M 44 AE 542819

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: Nil / S/Rim / STD / R/Rim or

Tyre Size; F: 205 / 65 R 16

R: _____

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

TOYO / YOKO or Harokoh.

Front _____ Rear _____

R/Bal. 7 mm R/Bal. 7 mm

L/Bal. 7 mm L/Bal. 7 mm

D.O.A. 30/5/8 D.O.I. 31/5/8

Survey held at Premier

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

N/S Front

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

Date / Time	Action / Instruction

AxA
4/2

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

1) _____ : Final Report

Date/Time, File Return to? _____

2) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: : Site Insp (\$ _____)

: Interview (\$ _____)

: Tech. Invs (\$ _____)

: Weekend (\$ _____)

Survey Fee:	
Transportation:	
S + RS, SI	
Photos	
Others	
TOTAL	

Report Format: _____

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