

15/5/2010

INS. CASE OWNER:

CC 4/AXA1801
 Surveyor: Fenneth DOI: 22/6/18 Date / Time : 22/6/18
 Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. : SLU 4824F

Name of Insured : _____

Insured Tel No. : _____ HP: _____

Excess Sec II : \$ _____ D.O.A : 22/6/18

Is driver the owner? (YES / NO) Nature 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

SLU 10623
 INSRs: Estee
 WSP:
 Tel :
 Liability :
 RMKS:

 INSRs:
 WSP:
 Tel :
 Liability :
 RMKS:

 INSRs:
 WSP:
 Tel :
 Liability :
 RMKS:

 INSRs:
 WSP:
 Tel :
 Liability :
 RMKS:

Date/ Time	STAGE	DATE / PIC
<u>SLU 10623-X</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)	☒
	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: _____	Confirm with: _____ Confirm by: <u>KSC</u>	
Repair Cost: <u>P/P</u> <u>\$786.74</u> (<u>2</u> days) Reduction: <u>2199.40</u> % <u>74</u>	Email ☒ Call ☐	
FINAL SETTLEMENT Date/Time: <u>14/04/2020</u> Confirm with: <u>CARMEN</u>	Email ☒ Call ☐	
Final Liability: % <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>15</u>	If NO or B 28, Ass. Lia :	
Repair Cost: <u>\$841.81</u> (W/GST)		
Loss of Rental (LOR): <u>\$</u> (<u> </u> days)		
Loss of Use (LOU): <u>\$161.88</u> (\$ <u>80.94</u> x <u>2</u> days)		
Loss of Income (LOI): <u>\$</u> (<u> </u> x <u> </u> days)		
LOR only ☐ LOU only ☐ LOR + LOU ☐ [Tick only one]		
GIA/LTA Search <u>\$7.45</u>		
Medical: <u>\$</u>	1) Claim status: ☒ Normal/Reject/Private Settle	
Disbursement: <u>\$</u> (e.g. Tow/ Independent)	2) Report Format: <u>TP</u>	
Legal Cost <u>\$</u>	3) Survey fee: <u>\$350.00</u>	
Total: <u>\$1,011.14</u> Global Sum \$:		
FINAL PAYMENT Date/Time: _____ Confirm with: _____	Email ☒ Call ☐	
Payee 1: <u>\$1,011.14</u> Name 1: <u>ESTEEM PERFORMANCE PTE LTD</u>		
Payee 2: (Strike if N.A.) <u>\$</u> Name 2: _____		
Payee 3: (Strike if N.A.) <u>\$</u> Name 3: _____		

Surveillance

REF:

ASM(UAXA)

ASSIGNMENT

From: Date: 22062018

Estimated Cost:

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

To Inspect Vehicle No: SLU 1063J
at Workshop m/s: Esteem Performance
of: 385 Sin Ming Dr

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: days Res.: Yes or No

Lum Sum: 1-B,1 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SLU 1063J Yr Regn: 11 / 17

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

Truck / Trailer or

Make: Toy Prius C.C. 1798

Colour: M-P. White A/C: Insured / Std / NI / NA

Sp. Reading: 59247 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JTD KB3FU103579738

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: Gremax 195/65R15

R: Yokoi

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

TOYO / YOKO or

Front

R/Bal. 4 mm

L/Bal. 4 mm

D.O.A. 21/6/18

Survey held at

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

O/S Rear

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

Date / Time Action / Instruction

23/6 Klu pass to Catherine

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:

____ S + RS ____ SI

) Photos

) Others

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech. Invs (\$

☐ : Weekend (\$

Report Format :

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

TOTAL