

INS. CASE OWNER:

2E | CC 4, Asm 180 13129, K1ha3

LKK: 58336  
IDAC:

Surveyor: Amk DOI: 18/07/2018 Date / Time: 18/07/2018  
Registered in Merimen: -

Pre-assign / CCU / FTE



Insured Vehicle No. : SKC 2385E  
Name of Insured : Toy Chi Kuan  
Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_  
Excess Sec II : SS \_\_\_\_\_ D.O.A. : 12/3/18  
Is driver the owner? ( YES / NO ) Nature of Accident : \_\_\_\_\_

Claim No. : S8MOU0XW h x  
Policy No. : \_\_\_\_\_  
Make / Model : \_\_\_\_\_  
Place of Accident : Koyper Rd

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

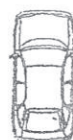
SH 9836D →



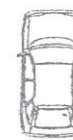
INSRS: \_\_\_\_\_  
WSP: CDLW 10/18  
Tel : \_\_\_\_\_  
Liability : \_\_\_\_\_  
RMKS: \_\_\_\_\_



INSRS: \_\_\_\_\_  
WSP: \_\_\_\_\_  
Tel : \_\_\_\_\_  
Liability : \_\_\_\_\_  
RMKS: \_\_\_\_\_



INSRS: \_\_\_\_\_  
WSP: \_\_\_\_\_  
Tel : \_\_\_\_\_  
Liability : \_\_\_\_\_  
RMKS: \_\_\_\_\_



INSRS: \_\_\_\_\_  
WSP: \_\_\_\_\_  
Tel : \_\_\_\_\_  
Liability : \_\_\_\_\_  
RMKS: \_\_\_\_\_

Date/ Time	STAGE	DATE / PIC	
SH 9836D - CS/PCI 170 1594316 ; D.O.A: 14/08/2017 - CS/ATG (16/12/200) 1149392 ; D.O.A: 4/1/16 SKC 2385E - X 19/17 DINK - sent out 1st letter.	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"/>	
PRELIMINARY ADVICE Date/Time: <u>19/18</u> Sent By: <u>Amk (Vinsg only)</u>	Post-Repair Photos:	<input type="checkbox"/>	
	Others:	<input type="checkbox"/>	
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: _____			

- 1) Claim status: Normal/Reject/Private Settle
- 2) Report Format:
- 3) Survey fee:

08/11/13

REF:

Surveyor: Kavin

### ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

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

To Inspected Vehicle No: \_\_\_\_\_

at Workshop n/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: SH 9836D Yr Regn: 9 Jun 2016

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

Truck / Trailer or \_\_\_\_\_

Make: Hyundai 240 c.c. 1685

Colour: Blue A/C: Ins Ued / Std / NI / NA

Sp. Reading: 413015 T/Radio: Ins Ued / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: KMHL041UMH4090132

Gen. Cond: Good / U / Poor / Burnt

Steering: In Uder / Jammed / Leaked / Burnt or \_\_\_\_\_

Brake: In Uder / Jammed / Leaked / Burnt or \_\_\_\_\_

Modi: Nil / S/Rim / STD U / Rim or \_\_\_\_\_

Tyre Size: F: 205/60 R16

R: \_\_\_\_\_

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

TOYO / YOKO or Harit Kart

Front \_\_\_\_\_ Rear \_\_\_\_\_

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

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

D.O.A. 17/7/18 D.O.I. 18/7/18

Survey held at CDHE (Loyang)

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
	AXA
	PIP

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

1) \_\_\_\_\_  : Final Report

Date/Time, File Return to? \_\_\_\_\_

2) \_\_\_\_\_

Report Format: \_\_\_\_\_

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

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

Add Fee:  : Site Insp (\$ \_\_\_\_\_)

: Interview (\$ \_\_\_\_\_)

: Tech. Invs (\$ \_\_\_\_\_)

: Weekend (\$ \_\_\_\_\_)

Survey Fee: \_\_\_\_\_

Transportation: \_\_\_\_\_ \$ + RS, \_\_\_\_\_ SI

Photos \_\_\_\_\_

Others \_\_\_\_\_

TOTAL \_\_\_\_\_

