

INS. CASE OWNER:

CC 0 / A1801

LKK:	
IDAC:	

Surveyor:

DOI:

Date / Time :

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.

Name of Insured

Insured Tel No.

Excess Sec II :S\$

Is driver the owner?

(YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

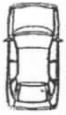
Driver Tel No. :

(V/L: YES / NO)

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

Insured Liability :	%	Final ? Yes / No
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SYN 7765E



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time	STG 99655-4		SJE 57554-4		STAGE		DATE / PIC	
	* Smartclaim				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:				<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:		Send By:	
FINALIZATION					Date/Time:		Confirm with:	
Repair Cost:					S\$		(days) Reduction: %	
FINAL SETTLEMENT					Date/Time:		Confirm with	
Final Liability:					%		(Agreed / Assessed) BOLA S/N No. :	
Repair Cost:					S\$		Email <input type="checkbox"/> Call <input type="checkbox"/>	
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 + LO <input type="checkbox"/> [Tick only one]	
GIA/LTA Search					S\$			
Medical:					S\$		1) Claim status: Normal/Reject/Private Settle	
Disbursement:					S\$		(e.g. Tow/ Independent)	
Legal Cost					S\$		2) Report Format:	
Total:					S\$		3) Survey fee:	
Global Sum S\$:								
FINAL PAYMENT					Date/Time:		Confirm with:	
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: Adrian King

REF:

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.**

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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SJY776SE Yr Regn: 2012 JulyType: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: BMW 520i c.c. 1997Colour: Bronze A/C: Insured / Std / NI / NASp. Reading: 166645 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WBAxG12040DX48298Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 245/35R20R: 245/35R20BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal. 06 mmR/Bal. 26 mmL/Bal. 06 mmL/Bal. 06 mm

D.O.A. _____

D.O.I. 19/08/18

Survey held at

JHK Auto ServicesDes. of Damages: Frt / Rear / O/S / N/S / U/S / Rooftop or

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

Date / Time Action / Instruction

TP AXAMV: 78KPV: 59.2KNett: 18.8K

Date/Time, File Pass to?

☐ : Preli. 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: (\$ _____)