

INS. CASE OWNER:

CC 4/III180

1527, 71ua3

LKK:

IDAC:

Surveyor:

MPT

DOI:

17/8/18

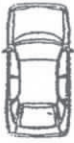
Date / Time:

17/8/18
21/8/18

Registered in Verimen:

Pre-assign / CCU / FTE

8761255



Insured Vehicle No. :

Name of Insured :

Insured Tel No. :

HP:

Excess Sec II :SS

D.O.A: 17/8/18

Is driver the owner? (YES / NO)

Nature of Accident :

Claim No. :

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

SHA 76264

8761255

SHA 202X



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

07



INSRS:

WSP:

Tel :

Liability :

RMKS:

Dry Auto
7P

INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

SHA 202X - NS/NC/100/18/16/1001; 00A. 21/8/18
8761255 - CC/III/180/14362/166652; 00A. 13/8/18

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\$

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:

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

DATE: Tanfield

REF: III

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.

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:

SHR 2102X

Yr Regn:

2015 May

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

Truck / Trailer or

Make:

Hyundai I40

C.C

1685

Colour

yellow

A/C: Insured / Std / NI / NA

Sp.Reading

620769

T/Radio: Insured / Std / NI / NA

Eng/No:

1CM HLB41um 64074907

C/No:

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

205/16R16

R:

n n

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

TOYO / YOKO or

Triangle

Front

6

Rear

R/Bal.

mm

R/Bal.

8

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

D.O.I.

17/8/18 0230pm

Survey held at

Day Park

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

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

Date / Time

Action / Instruction

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:

) \$ + R\$. St

) Photos

) Others

)

TOTAL

Report Format :

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

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$