

Date/ Time	STG 2689P - K		SUF 7MSR - Y		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:	☐ ☐
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 + LO ☐	[Tick only one]			
GIA/LTA Search	\$S					
Medical:	\$S			1) Claim status: Normal/Reject/Private Settle		
Disbursement:	\$S	(e.g. Tow/ Independent)		2) Report Format:		
Legal Cost	\$S			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:				

Surveyor

ASSIGNMENT

From: Date: 29082018

Estimated Cost:

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

To Inspect Vehicle No: SJJ 2685P

at Workshop m/s Kim Tan

of Bk 176 Sin Ming Drive #03-09

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: \$29k

IDAC Accident Rpt: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 09 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

7/23

Date: Person Contacted:

Vehicle: IN / OUT

Date / Time Action / Instruction

30/8 File post to Catherine

Veh No: SJJ 2685P Yr Regn: 09, 08

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

Truck / Trailer or

Make: Toy Vios C.C. 18PZ

Colour: M. Green A/C: Insured / Std / NI / NA

Sp. Reading: 130106 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: NR053H49305066839

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / STD A/Rim or

Tyre Size: F: 175/65R15

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

Front

R/Bal. 3 mm

L/Bal. 3 mm

D.O.A. 26/8/18

Survey held at

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, File Pass to?

☐ : Preli. 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:

S + RS, SI

Photos

Others

TOTAL