15/5/2010

INS. CASE OWNER: _Cynthia_ | CC 4 /AXA1801 **Asn** 6195, KP63 | LKK:
IDAC:

Surveyor: _Kenneth._ DOI: 4/9/18 · Date / Time: 5/9/18 ·

Registered in Merimen: ____

Pre-assign / CCU / FTE

S8MOJUBR1 67464

Insured Vehicle No. : _SJR 5433M._ Claim No. : _S8MOJUBR1 67464_

Name of Insured : ____ Policy No. : ____

Insured Tel No. : ____ HP: ____ Make / Model : ____

Excess Sec II :S$ ____ D.O.A : 4/9/18 · Place of Accident : ____

Is driver the owner? (YES / NO) Nature of Accident : ____

If **NO**, Driver Name / Age : ____ OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : ____ (V/L: YES / NO) Insured Liability : ____ % **Final ? Yes / No**

SJT N77L →

INSRS: WSP: _Cheng_ Tel : _Hoe._ Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:		INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time			STAGE	DATE / PIC
	SJT N77L - X	SJR5433M - √	Non-Reporting ltr (1st):	
			Non-Reporting ltr (2nd):	
			Non-Reporting ltr (Final):	
			Notification ltr (if non-pickup):	
	≠ Smart claim.		Call OI:	
	— OTWR		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 + 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:	

ASS. REC. BY:

Kenneth

AA1

ASSIGNMENT

From:	Date:
Estimated Cost:	

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

To Inspect Vehicle No:

at Workshop m/s _____ Cheng Hoe

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.
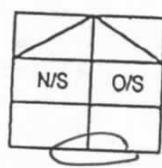
Bal. or Market Value: 8 18k

IDAC Accident Rport: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

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

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

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SJT2177L Yr Regn: 09, 09

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

Make: Toy Altis c.c 1588

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

Sp.Reading: 148710 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: MR053EE106135739

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: NII / S/Rim / STD A/Rim or

Tyre Size: Triangle 205/55R16
West Lake

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

Front		Rear	
R/Bal. 8 mm		R/Bal. 2 mm	
L/Bal. 8 mm		L/Bal. 2 mm	
D.O.A. 4/9/18		D.O.I. 4/9/18	

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	Action / Instruction
5/9	File pass to Catherine

Date/Time, File Pass to?	☐ : Prell. 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