

15/5/2010

INS. CASE OWNER:

CC 4 ASM 6709, KWB3
AXA1801

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 :\$

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



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

Date/ Time	STAGE	DATE / PIC
EU 2427T	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:	
Repair Cost:	\$S	(days) Reduction:	%
		Email ☐	Call ☐
FINAL SETTLEMENT Date/Time:		Confirm with	
Final Liability:	%	(Agreed / Assessed) BOLA S/N No. :	
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		
Disbursement:	\$S	(e.g. Tow/ Independent)	
Legal Cost	\$S		
Total:		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: 09/09/2018
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: EU 2927T
 at Workshop m/s Ah Lim Motor.
 of Blk 176 Sin Ming Drive #05-12
 Insured: _____
 Policy No. _____
 Claims No. _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

(Policy Condition)

12pm

Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S

Bal. or Market Value: \$87k
 IDAC Accident Rpt: _____ Consistent?: Yes or No
 GIA / PR Seen: _____ Consistent?: Yes or No
 Est. Repairs: 02 days Res.: Yes or No
 Lum Sum: 1.81 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: EU 2927T Yr Regn: 11 / 15
 Type: M/Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Honda Vezel C.C. 1496
 Colour: M.P. White A/C: Insured / Std / NI / NA
 Sp. Reading: 190070 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: R41 / 1103934
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Modi: Nil / S/Rim / STD A/Rim or
 Tyre Size: F: _____ R: 225/45ZR18
 BS / BUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or
 Front R/Bal. 7 mm Rear R/Bal. 7 mm
 L/Bal. 7 mm L/Bal. 7 mm
 D.O.A. 29/8/18 D.O.I. 7/9/18
 Survey held at _____
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
 O/S Acc
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
10/9	File pass to Catherine

Date/Time, File Pass to?

☐ : Preli. Report
☐ : Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

Add Fee: ☐ : Site Insp (\$)

☐ : Interview (\$)

☐ : Tech. Invs (\$)

☐ : Weekend (\$)

\$ + RS. SI

Photos

Others

Report Format :

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

TOTAL