

15/02/10

INS. CASE OWNER: Priya

CC 4/11117020821 / 1 ZAS

LKK:
IDAC:

Surveyor: Zanfida

DOI: 6/9/18

Date / Time: 31/10/17

Registered in Merimen: 31/10/17

Pre-assign / CCU / FTE



Insured Vehicle No. : SHC 8295C

Claim No. : _____

Name of Insured : CTPL

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : HYUNDAI I40

Excess Sec II : \$\$ D.O.A. : 20/09/17

Place of Accident : NANYANG DRIVE TWOS ADMIN BUILDING

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

If NO, Driver Name / Age : JOSEPH SOH KIM YEW (50 JUNYU)

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

Driver Tel No. : _____ (V/L: YES / NO)

Insured Liability : % Final ? Yes / No

SLG 9230L



INSRS: WSP: Cycle & Carriage (Pandan Gardens)
Tel : _____
Liability : _____
RMKS: _____



INSRS: WSP: _____
Tel : _____
Liability : _____
RMKS: _____



INSRS: WSP: _____
Tel : _____
Liability : _____
RMKS: _____



INSRS: WSP: _____
Tel : _____
Liability : _____
RMKS: _____

Date/ Time	STAGE	DATE / PIC
07/11/17 (2017)	SLG 9230L - X ; SHC 8295C - CC3/ATG 12021865/HIK19362, 05/06/12 - CC3/IT1120 11378/m19k3, 03/04/13 - NS/INC13006362/H1y1k3	08/11/2012
	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)	<input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/>
	PIR:	<input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/>
	LOD	<input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/>
	Others:	<input type="checkbox"/>

PRELIMINARY ADVICE Date/Time: _____ Sent By: _____

FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____

Repair Cost: \$ (_____ days) Reduction: % Email Call

FINAL SETTLEMENT Date/Time: _____ Confirm with: _____ Email Call

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 27 If NO or B 28, Ass. Lia :

Repair Cost: \$

Loss of Rental (LOR): \$ (_____ days)

Loss of Use (LOU): \$ (\$ x _____ days)

Loss of Income (LOI): \$ (\$ x _____ days)

LOR only LOU only LOR + LOU LOR + LOI [Tick only one]

GIA/LTA Search \$

Medical: \$

Disbursement: \$ (e.g. Tow/ Independent)

Legal Cost \$

Total: \$ Global Sum \$:

FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email Call

Payee 1: \$ Name 1: _____

Payee 2: (Strike if N.A.) \$ Name 2: _____

Payee 3: (Strike if N.A.) \$ Name 3: _____

Tanph

RCP:

W

INSURANCE

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

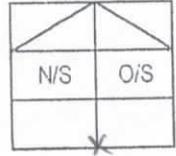
GIA / PR Seen: _____ Consistent? : Yes or No

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

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

CA / REV / REP. / 24 HRS WP

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



Veh No. SLQ 9230L Yr Regn: 2017 July

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

Truck / Trailer or _____

Make: Mitsubishi Hyundai C.C. 1193

Colour: white A/C: Insured / Std / NI / NA

Sp. Reading: 23244 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: MMBSTA13AH4005620

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: 185/55R15

R: _____

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

Front	<u>6</u>		Rear	<u>6</u>	
R/Bal.		mm	R/Bal.		mm
L/Bal.	<u>6</u>	mm	L/Bal.	<u>6</u>	mm
D.O.A.			D.O.I.	<u>6/9/18 2:12pm</u>	

Survey held at OC Pander Gdpr

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

: Final Report

Date/Time File Return to?

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: : Site Insp (\$)

: Interview (\$)

: Tech Insp (\$)

: Workshop (\$)

Survey Fee _____

Transportation _____

Report Format :

Lump Sum / L.B t: (\$)