

CC3/ASM18017525/Kbs3

15/5/2010

INS. CASE OWNER:

LKK:

IDAC:

Surveyor:

DOI:

Date / Time :

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II : \$

D.O.A :

Place of Accident :

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 | STAGE                             | DATE / PIC                          |
|------------|-----------------------------------|-------------------------------------|
| 04/08/2020 | 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:         |                                     |
|            | Notification ltr (if non-pickup)  | <input checked="" type="checkbox"/> |
|            | After call ltr to OI:             | <input checked="" type="checkbox"/> |
|            | Authorisation To Act:             | <input checked="" type="checkbox"/> |
|            | Release Voucher:                  | <input checked="" type="checkbox"/> |
|            | Final Repair Bill:                | <input checked="" type="checkbox"/> |
|            | Car Rental Invoice:               | <input checked="" type="checkbox"/> |
|            | Towing Invoice:                   | <input checked="" type="checkbox"/> |
|            | LTA / GIA :                       | <input checked="" type="checkbox"/> |
|            | Medical Bill:                     | <input type="checkbox"/>            |
|            | PIR:                              | <input type="checkbox"/>            |
|            | Mandate/Reject Instruction:       | <input checked="" type="checkbox"/> |
|            | LOD:                              | <input checked="" type="checkbox"/> |
|            | Payment Breakdown Form:           | <input type="checkbox"/>            |
|            | Post-Repair Photos:               | <input type="checkbox"/>            |
|            | Others:                           | <input type="checkbox"/>            |

|  |                                   |                                    |                                   |   |          |
|--|-----------------------------------|------------------------------------|-----------------------------------|---|----------|
| PRELIMINARY ADVICE Date/Time:                |                                   | Sent By:                           |                                   | Confirm by:   |          |
| Repair Cost:                                 | L/S                               | \$S 7,600.00                       | ( 5 days)                         | Reduction:  | 84 %     |
| FINAL SETTLEMENT Date/Time:                  |                                   | Confirm with:                      |                                   | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/> |          |
| Final Liability:                             | %                                 | 100                                | (Agreed / Assessed)               | BOLA S/N No. :  | 15       |
| Repair Cost: (W/GST)                         | \$S                               | 8,132.00                           |                                   |   |          |
| Loss of Rental (LOR):                        | \$S                               | 608.76                             | ( 6 days)                         | X \$101.46  |          |
| Loss of Use (LOU):                           | \$S                               |                                    | (S x days)                        |   |          |
| Loss of Income (LOI):                        | \$S                               |                                    | (S x days)                        | **NOT PAYABLE**   |          |
| LOR only <input checked="" type="checkbox"/> | LOU only <input type="checkbox"/> | LOR + LOU <input type="checkbox"/> | LOR + LO <input type="checkbox"/> | [Tick only one]   |          |
| GIA/LTA Search                               | \$S                               | 7.45                               |                                   |   |          |
| Medical:                                     | \$S                               |                                    |                                   |   |          |
| Disbursement:                                | \$S                               |                                    | (e.g. Tow/ Independent )          |   |          |
| Legal Cost                                   | \$S                               |                                    |                                   |   |          |
| Total:                                       | \$S                               | 8,748.21                           |                                   | Global Sum \$S:   | 8,740.00 |
| FINAL PAYMENT Date/Time:                     |                                   | Confirm with:                      |                                   | Email <input type="checkbox"/> Call <input type="checkbox"/>            |          |
| Payee 1:                                     | \$S                               | 8,740.00                           | Name 1:                           | TRANS-CAB AUTO SERVICES PTE LTD   |          |
| Payee 2: (Strike if N.A.)                    | \$S                               |                                    | Name 2:                           |   |          |
| Payee 3: (Strike if N.A.)                    | \$S                               |                                    | Name 3:                           |   |          |

OID CHANGED LANE

1) Claim status: Normal/Reject/Private Settle  
 2) Report Format: TP  
 3) Survey fee: \$350.00

ASS. REC. BY:

REF:

AHL

Kenneth

## 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 Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

05

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:

P14D 1634

Yr Regn:

09, 15

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

Truck / Trailer or

Make:

Renault Latitude c.c. 1.985

Colour:

M. White 1Pw

A/C:

Insured / Std / NI / NA

Sp. Reading

405473

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

VF1A9L 15AUC 281558

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:

215/60R16

R:

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

TOYO / YOKO or

Giti

Front

R/Bal.

8

mm

Rear

R/Bal.

8

mm

L/Bal.

8

mm

L/Bal.

8

mm

D.O.A.

22/9/18

D.O.I.

25/9/18

Survey held at

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

N/S body

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

Date / Time

Action / Instruction

26/9

File pass to Catherine

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trlp:

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Report Format :

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