

INS. CASE OWNER:

CC 4/801 180 18580, Unas

IDAC:

Surveyor:

M. P. P.

DOI:

10.10.18

Date / Time:

10.10.18

Registered in Merimen:

Pre-assign / CCU / FTE

CON 84A



Insured Vehicle No. :

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :S\$

D.O.A : 29/9/18

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

PBB 5575A

INSRS: Grofna
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time

PBB 5575A, CC 4/801 180 18580, Unas, 10.10.18
CON 84A, x

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:	
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 + LOI ☐

[Tick only one]

GIA/LTA Search

S\$

Medical:

S\$

Disbursement:

S\$

(e.g. Tow/ Independent)

Legal Cost

S\$

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

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:

EQ/

Surveyor no/cus

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No: FBE 5575A

at Workshop m/s Enfa

of

Insured: SDU SEA

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.

N/S	O/S

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

Date: Person Contacted: Vehicle: IN / OUT

Veh No: FBE 5575A Yr Regn: 6110

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

Truck / Trailer or

Make: Yamaha RXZ C.C. 133

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

Sp. Reading: 38778 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: PMYSPV100A0032167

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: 70/80-18

R:

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

TOYO / YOKO or

FIR

Front Rear

R/Bal. 5 mm R/Bal. 5 mm

L/Bal. mm L/Bal. mm

D.O.A. 29/9/18 D.O.I. 10/10/18

Survey held at

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

Bd 1015 304
The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

LTA 224 1yrs del.

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:

___ S + RS. ___ SI

Photos

Others

Add Fee: ☐ : Site Insp - (\$

☐ : Interview (\$

☐ : Tech. Invs (\$

☐ : Weekend (\$

Report Format :

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

TOTAL