

15/5/2010

INS. CASE OWNER:

CC 3/CTI1801 *AY 7/1, Kpb3*

LKK:
IDAC:

Surveyor: Kenneth DOI: 27/10/16 Date / Time: 26/10/16

Pre-assign / CCU / FTE



Insured Vehicle No. : SGN 7989H Claim No. : _____
Name of Insured : _____ Policy No. : _____
Insured Tel No. : _____ HP: _____ Make / Model : _____
Excess Sec II : \$S _____ D.O.A : 27/10/16 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

SHO 474R → → → →



INSRS: _____
WSP: Trans
Tel : _____
Liability : cmh
RMKS: _____



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



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



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

Date/ Time	STAGE	DATE / PIC
<u>SHO 474R - 4</u>	Non-Reporting ltr (1st):	
<u>SGN 7989H - 4</u>	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: \$S _____ (_____ days) Reduction: % _____ Email <input type="checkbox"/> Call <input type="checkbox"/>		
FINAL SETTLEMENT Date/Time: _____ Confirm with _____ Email <input type="checkbox"/> Cal <input type="checkbox"/>		
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 <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LO <input type="checkbox"/> [Tick only one]		
GIA/LTA Search \$S _____		
Medical: \$S _____		
Disbursement: \$S _____ (e.g. Tow/ Independent)		
Legal Cost \$S _____		
Total: \$S _____ Global Sum \$S: _____		
FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email <input type="checkbox"/> Cal <input type="checkbox"/>		
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:

REF: 0721

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Trans Cab

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.

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rport: _____ Consistent?: Yes or No

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

Est. Repairs: 0324 days Res.: Yes or No

Lum Sum: 1-B.1 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: S110 434R Yr Regn: 04, 17

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

Truck / Traller or _____

Make: Renault Latitude c.c. 1995

Colour: W. White 1st A/C: Insured / Std / NI / NA

Sp. Reading: 165662 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: VFIABZ 15AUC 283203

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: Cit. 215/60R16

R: Prime well

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

TOYO / YOKO or _____

Front _____ Rear _____

R/Bal. 7 mm R/Bal. 5 mm

L/Bal. 7 mm L/Bal. 5 mm

D.O.A. 23/10/18 D.O.I. 24/10/18

Survey held at _____

Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or O/S for body

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

25/10 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:	
_____ \$ + RS. _____ \$	
Fuel:	
Others:	
TOTAL	

Add Fee: : Site Insp (\$)

: Interview (\$)

: Tech Invs (\$)

: Weekend (\$)

Report Format : _____

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