

15/5/2010

INS. CASE OWNER:

CCY / AXA1802

LKK:

IDAC:

Surveyor:

DOI:

Date / Time :

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

Name of Insured :

Insured Tel No. :

HP:

Excess Sec II :S\$

D.O.A :

Is driver the owner?

(YES / NO)

Nature of Accident :

Claim No. :

Policy No. :

Make / Model :

Place 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

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 + LO ☐

[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:

A diagram showing a 2x2 grid. The top row contains a triangle. The bottom row contains the text 'N/S' in the left cell and 'O/S' in the right cell. Below the grid, there is a circle with an arrow pointing clockwise.

Veh No: SLT 1053X Yr Regn: 11 / 16

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

Truck / Trailer or MPV

Make: Toy C.C. 1798

Colour: M.P. White A/C: Insured / Std / NI / NA

Sp. Reading: 71843 T/Radio: Insured / Std / NI / NA

Eng/No: JTD-GG 20W 30J 006279

C/Nr: JTD-GG 20W 30J 006279

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: 195/65R15

R: 195/65R15

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

TOYO / YOKO or

Front	<u>2</u>		Rear	<u>3</u>	
R/Bal.		mm	R/Bal.		mm
L/Bal.	<u>2</u>	mm	L/Bal.	<u>3</u>	mm
D.O.A.	<u>17/11/18</u>		D.O.I.	<u>22/11/18</u>	

*Survey held at

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
23/11	156 pass to Carhorne

Date/Time. File Pass to?

1)

Date/Time, File Return to?

2)

Report Format :

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

☐ : Preli. Report
☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee: : Site Insp (\$

☐ Interview (\$

□ Tech. Invs (\$)

☐ Weekend (\$)

Survey Fee:

Transportation:

) Photos

) Others

TOTAL