

INS. CASE OWNER:

CC 4 / Asm 180

2808 / Khab

LKK:

IDAC:

85346

Surveyor:

ksc

DOI:

ASSIGNMENT

4/12/18

Date / Time:

3/12/2018

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

SJN 717 Z

Name of Insured:

JONATHAN DUNK SHAO-SHENG

Insured Tel No.:

HP:

Claim No.:

58m0146a

Excess Sec II :SS

D.O.A:

26-11-2018

Policy No.:

Make / Model:

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

SFV 126 Y



INSRS:

WSP:

Tel:

Liability:

RMKS:

Car times.



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date / Time

SFV 126 Y - x;

SJN 717 Z - OIAA/302244812y/m307; OIA: 27/11/13

-WAA/MS61501466/et : OIA: 27/01/15

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:

Repair Cost:

S\$

(

days)

Reduction:

%

Confirm by:

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\$

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:

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

Summary

From: _____ Date: 04.17.2018

Estimated Cost: _____

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

To Inspect Vehicle No: SFV 12267

at Workshop m/s CarTimes

of 160 Sin Ming Drive #02-04

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

Remark: The veh had commenced its repair at the time of inspection.

	
N/S	O/S
	

Bal. or Market Value: 6172K

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 03 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Date: Person Contacted:

Vehicle: IN / OUT

Veh No: STFV 12264 Yr Regn: 03 / 18

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

Make: Mazda GLC250 C.C. 1991

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

Sp. Reading: 16423 T/Radio: Insured / Std / NI / NA

Eng/No: WDC 2539 462F 314708

C/No: WDC 2539 462F 314708

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: 235/55R19
R: 235/55R19

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

Front R/Bal. 8 mm L/Bal. 8 mm D.O.A. 26/11/18

Rear R/Bal. 8 mm L/Bal. 8 mm D.O.I. 4/12/18

Survey held at ✓

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

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

Date / Time	Action / Instruction
-------------	----------------------

3/12 Pile-pull to Cochrane

Date/Time, File Pass to?

☐: Prelim. Report

1)

Date/Time, File Return to?

2)

Report Format :

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

Days Of Repair:

Resurvey No. of Trip:

Add Fee: : Site Insp (\$

☐: Interview (\$

☐ : Tech. Invs (\$)☐ : Weekend (\$)

Survey Fee:

Transportation:

) $S + RS \rightarrow SI$

) Photos

) Others

TOTAL