

15/5/2010

INS. CASE OWNER:

CC 6/AIG1900

LKK:

IDAC:

Surveyor:

DOI:

Date / Time :

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SKD 8214R

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____

HP: _____

Make / Model : _____

Excess Sec II : \$S

D.O.A : 10/1/18

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



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
SKD 8214R - Y	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: _____
FINAL SETTLEMENT Date/Time: _____ Confirm with: _____	
Final Liability: %	(Agreed / Assessed) BOLA S/N No. : _____ Email ☐ Call ☐
Repair Cost: \$S	If NO or B 28, Ass. Lia : _____
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	
Total: \$S	Global Sum \$S: _____
FINAL PAYMENT Date/Time: _____ Confirm with: _____	
Payee 1: \$S	Name 1: _____ Email ☐ Call ☐
Payee 2: (Strike if N.A.) \$S	Name 2: _____
Payee 3: (Strike if N.A.) \$S	Name 3: _____

Adrian

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:

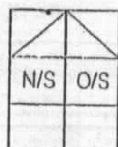
Excess:

(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 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

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No: SL22673R Yr Regn: 2018 AprilType: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

Kia Carens

c.c

1685

Colour

Red

A/C: Insured / Std / NI / NA

Sp. Reading

72497

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

KNAH4815UJ7203765Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim or

Tyre Size: F:

205/55R16

R:

205/55R16

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

TOYO / YOKO or

L-Comfort.

Front

Rear

R/Bal.

06

mm

R/Bal.

06

mm

L/Bal.

06

mm

L/Bal.

06

mm

D.O.A.

D.O.I.

22/01/19

Survey held at

Xin Heng

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

Front o/s.

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

Date / Time

Action / Instruction

TP ALGMV:PV:Nett:

Date/Time, File Pass to?

Date/Time, File Return to?

1)

2)

3)

4)

5)

6)

Prel. Report:

Final Report:

Part Prices Check:

IN

OUT

Survey Fee:

Date:

Basic & Add.

___ S + RS, ___ SI

Photos

Others

TOTAL