15/5/2010

INS. CASE OWNER: CC 4/FWD1900 18 9r, Uebh | LKK: | IDAC:

Surveyor: CKS   DOI: ___ **ASSIGNMENT** ___   Date / Time: 18/1/19
Registered in Merimen: 8/1/19

Pre-assign / CCU / FTE

Insured Vehicle No. : SGU 7508D   Claim No. : ___
Name of Insured : ___   Policy No. : ___
Insured Tel No. : ___   HP: ___   Make / Model : ___
Excess Sec II :S$ ___   D.O.A : 10/1/19   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**

SMA 63779 →   →   →   ___   →   ___

INSRS:	INSRS:	INSRS:	INSRS:
WSP: RiLO	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability : 60-	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	SMA 63779-X	SGU 7508D-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:	

| **PRELIMINARY ADVICE** Date/Time: | Sent By: | Post-Repair Photos: |
| | | Others: |

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$		1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$	(e.g. Tow/ Independent)	2) Report Format:
Legal Cost	S$		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:	

REF: FWD

Survey

From: Date: 29/01/2019

Estimated Cost.

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

To Inspect Vehicle No: SMA 6377P

at Workshop m/s   Rico 60

of   8 Kaki Bukit Ave 4 #02-34

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 Rport: 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.   SMA 6377P   Yr Regn: 6 18

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

Truck / Trailer or   CA /

Make: Honda shuttle   c.c 1496

Colour   Black   A/C Insured / Std / NI / NA

Sp.Reading 16226   T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: GK 8120129 9

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205/50ZR16
             R:

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

Front			Rear		
R/Bal.	ℓ	mm	R/Bal.	ℓ	mm
L/Bal.	ℓ	mm	L/Bal.	ℓ	mm
D.O.A. 19/1/19			D.O.I. 29/1/19		

Survey held at

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

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

	N/S	O/S

Date / Time	Action / Instruction
	L1A 41 468

Date/Time, File Pass to?   ☐ : Preli. Report   Days Of Repair:,
1)   ☐ : Final Report   Resurvey No. of Trip:

Date/Time, File Return to?

2)   Add Fee: ☐ : Site Insp ($
                                ☐ : Interview ($
                                ☐ : Tech Invs ($
Report Format :   ☐ : Weekend ($

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

Survey Fee:
Transportation
) S + RS   SI
) Photos
) Others

TOTAL