

Surveyor:

DOI:

Date / Time:

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

Name of Insured :

Insured Tel No. :

Excess Sec II :SS

Is driver the owner? (YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

Driver Tel No. :

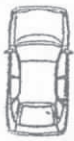
(V/L: YES / NO)

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

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 + LOI ☐

[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:

How to

REF: **hpc**

ASSIGNMENT

From: Date: **15/2/19**

Estimated Cost:

OD / **(P)** WS / TP RES / OD RES / EVA / INV / MV

To inspect Vehicle No:

SHD6070S
SMRT
woodlands Depot

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.

N/S	O/S

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 **Imp**

Vehicle: IN / OUT

Date: Person Contacted:

Veh No **SHD6070S**

Yr Regn **19 Dec 2017**

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

Truck / Trailer or

Make **Toyota Prius**

C.C **1797**

Colour **maroon**

A/C Insured / Std / NI / NA

Sp. Reading **92324**

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: **JTDKB3FU003576801**

Gen. Cond: **(Good)** / Fair / Poor / Burnt

Steering: **(Good)** / Jammed / Leaked / Burnt or

Brake: **(Good)** / Jammed / Leaked / Burnt or

Modi: Nil / **(S/Rim)** / STD A/Rim or

Tyre Size: F: **195/65R15**

R: -

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

TOYO / YOKO or **Falken**

Front

Rear

R/Bal. **6** mm

R/Bal. **6** mm

L/Bal. **6** mm

L/Bal. **6** mm

D.O.A. **13/2/19**

D.O.I. **15/2/19**

Survey held at

Smrt

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

02/19/2072

GBD 201 S

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation

Add Fee: ☐ Site Insp (\$

) S + RS SI

☐ Interview (\$

) Photos

☐ Tech. Invs (\$

) Other:

☐ Weekend (\$

) TOTAL

Report Format :

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

TOTAL