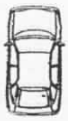
15/5/2010

INS. CASE OWNER: CC 3/AIG1900 2004, E ebh | LKK: IDAC:

Surveyor: STEVE DOI: ASSIGNMENT 18/7/14 Date / Time : 18/7/14.

Registered in Merimen: 18/7/14.

Pre-assign / CCU / FTE



Insured Vehicle No. : SMU 9688M. Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 16/7/14. 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**

SDB 8765R →

INSRS:
WSP: Volkswagen
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SDB 8765R – to SMU968M – Y

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$		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:	

Contact: Steve | REF: BG

Date: 19/2/19

Estimated Cost:

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

To Inspect Vehicle No: SDB 8765R

at Workshop M/S: Volkswagen

at: 1 kampong Ampat Macpherson

Insured:

Policy No:

Claim No:

Sum Insured: Excess:

(Client's Record) 2pm

Make of Veh:

(Policy Condition)

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

N/S	O/S
X	
X	
X	

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: SDB 8765R Ic Regn: 16/08/2011

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

Make: Volkswagen Jetta c.c: 1.4

Colour: white A/C: Insured / Std / NI / NA

Sp.Reading: 82421 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WVWZZZ162BM110402

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: 205/55 R16

R: 〃

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

Front		Rear	
R/Bal.	7 mm	R/Bal.	7 mm
L/Bal.	7 mm	L/Bal.	7 mm
D.O.A.	16/2/19	D.O.I.	19/2/19

Survey held at: Volkswagen

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
	MV - 34,000 PV - 26,461 NV - 7,539

* Informed repair Shu Shi (93867533) Final repair 7K. 20/2/19, 9.00am

Date/Time File Pass to?

1) ☐ : Preli. Report

☐ : Final Report

Date/Time File Return to?

2)

Report Format:

Lump Sum / LB I: $

Days Of Repair:

Resurvey No. of Trip:

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

Survey Fee:

Transportation:

) G.S.T: $

) Photos

) Other

Total: