

15/5/2010

INS. CASE OWNER:

CC 6/EQ1900

LKK:

IDAC:

Surveyor:

STOVE

DOI:

ASSIGNMENT

2/1/12

Date / Time :

2/1/12

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

SJS 3558M

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :S\$

D.O.A :

2/1/12

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

GW 611H



INSRS:

WSP:

Tel :

Liability :

RMKS:

Triple H



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time		STAGE	DATE / PIC
	GW 611H - 4	Non-Reporting ltr (1st):	
	3558M - 4	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)	<input type="checkbox"/>
		After call ltr to OI:	<input type="checkbox"/>
		Authorisation To Act:	<input type="checkbox"/>
		Release Voucher:	<input type="checkbox"/>
		Final Repair Bill:	<input type="checkbox"/>
		Car Rental Invoice:	<input type="checkbox"/>
		Towing Invoice:	<input type="checkbox"/>
		LTA / GIA :	<input type="checkbox"/>
12/11/2020	EQI JOEL INFORM TO SUBMIT WP AS POTENTIAL POLICY ISSUE. SUBMIT WP	Medical Bill:	<input type="checkbox"/>
		PIR:	<input type="checkbox"/>
		Mandate/Reject Instruction:	<input type="checkbox"/>
		LOD	<input type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/>
		Post-Repair Photos:	<input type="checkbox"/>
		Others:	<input type="checkbox"/>

PRELIMINARY ADVICE	Date/Time:	Sent By:
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FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: L/S	S\$ 2400.00	(5 days) Reduction: 1732.00	% 42

FINAL SETTLEMENT	Date/Time:	Confirm with:	Email <input type="checkbox"/> Call <input type="checkbox"/>
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Final Liability:	%	(Agreed / Assessed) BOLA S/N No. :	If NO or B 28. Ass. Lia :
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Repair Cost:	S\$		
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Loss of Rental (LOR):	S\$	(days)	
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Loss of Use (LOU):	S\$	(S x days)	
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Loss of Income (LOI):	S\$	(S x days)	
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LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LO <input type="checkbox"/>	[Tick only one]		
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GIA/LTA Search	S\$		
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Medical:	S\$		
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Disbursement:	S\$	(e.g. Tow/ Independent)	1) Claim status: Normal/Reject/Private Settle
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Legal Cost	S\$		2) Report Format: WP
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Total:	S\$	Global Sum S\$:	3) Survey fee: \$160.00
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FINAL PAYMENT	Date/Time:	Confirm with:	Email <input type="checkbox"/> Call <input type="checkbox"/>
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Payee 1:	S\$	Name 1:	
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Payee 2: (Strike if N.A.)	S\$	Name 2:	
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Payee 3: (Strike if N.A.)	S\$	Name 3:	
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REF: EQI

INSURANCE

Date: 28/2/2019
 Vch No: GW 611 H
 Type: ☒ Car / ☐ M.Cycle / ☐ Bus / ☐ Van / ☐ Lorry / ☐ Taxi / ☐ Prime Mover / ☐ Truck / ☐ Trailer or
 Make: Nissan
 Colour: A/C Insured / Std / Nil / NA
 Sp. Reading: 509153
 T/Radio: Insured / Std / Nil / NA
 Eng/No:
 C/Mo: JNIAH 60 2270-030808
 Gen. Cond: Good ☒ Fair / ☐ Poor / ☐ Burnt
 Steering: ☒ Order / ☐ Jammed / ☐ Leaked / ☐ Burnt or
 Brake: ☒ Order / ☐ Jammed / ☐ Leaked / ☐ Burnt or
 Mod: Nil / S/Rim / ☒ STD A/Rim or
 Tyre Size: F: 185 R14C
 R: 9
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or TRIANGLE
 Front: R/Bal: 6 mm
 L/Bal: 6 mm
 D.O.A: 25/2/19
 Rear: R/Bal: 6 mm
 L/Bal: 6 mm
 D.O.I: 28/2/19
 Des. of Damages: Frt / Rear / ☒ O/S / ☐ N/S / ☐ U/C / ☐ Rooftop or
 The U/C / Chassis frame / Body Structure affected due to collision.

Team: Triple-H Automotive
 Date: 28/2/2019
 Estimated Cost: 14 Defecture 10 #01-398
 To Inspected Vehicle No: GW 611 H
 at Workshop no:
 of:
 Insured:
 Policy No:
 Claims No:
 Sum Insured:
 Excess:
 (Client's Record)
 Make of Vch: Mr. Huib 9771 8731
 Call once Reach
 (Policy Condition)
 Remark: The veh had commenced its repair at the time of inspection.

Bal. or Market Value:
 IDAC Accident Report: Consistent? : Yes or No
 GIA / PR Seen: Consistent? : Yes or No
 Est. Repairs: days Res.: Yes or No
 Lump Sum: % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS
 Date: Vehicle: IN / OUT
 Person Contacted:

Date / Time Action / Instruction

* No company reg no for PART value

Date/Time, File Pass to?

☐ : Preli. Report

☐ : Final Report

Date/Time, File Return to?

2)

Report Format :

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

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

☐ Site Insp (\$)

☐ Interview (\$)

☐ Tech Invs (\$)

☐ Weekend (\$)

Survey Fee:

Transportation

\$ 5.00

Photo

Other

TOTAL