

CC3/QBE19003976/Jpa3g2

15/5/2010

INS. CASE OWNER:

CC3/QBE1900

LKK:

IDAC:

Surveyor:

DOI:

Date / Time:

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

Claim No.:

Name of Insured:

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II :\$\$

D.O.A.:

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

SMB 250



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
02/07/2021	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: P/P	\$S 976.00 (2 days) Reduction: 76 %	Confirm by: Email ☐ Call ☐
FINAL SETTLEMENT Date/Time: 02/07/2021 Confirm with: Patrick		
Final Liability:	% 50 (Agreed / Assessed) BOLA S/N No. : 18	Email ☒ Call ☐
Repair Cost: 976.00	\$S 488.00	If NO or B 28, Ass. Lia :
Loss of Rental (LOR):	\$S (days)	
Loss of Use (LOU): 700.00	\$S 350.00 (\$ 350 x 2 days)	
Loss of Income (LOI):	\$S (\$ x days)	
LOR only ☐ LOU only ☒	LOR + LOU ☐ LOR + LOI ☐ [Tick only one]	
GIA/LTA Search	\$S 7.00	
Medical:	\$S	1) Claim status: Normal/ Reject
Disbursement:	\$S (e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost	\$S	3) Survey fee: \$400.00
Total:	\$S 845.00 Global Sum \$S: 840.00	
FINAL PAYMENT Date/Time: Confirm with:		
Payee 1:	\$S 840.00 Name 1: SMRT Buses Ltd	Email ☒ Call ☐
Payee 2: (Strike if N.A.)	\$S Name 2:	
Payee 3: (Strike if N.A.)	\$S Name 3:	

REF: QBF

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: _____
 at Workshop n/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

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No. SMB 22SD Yr Regn: 17 Jan 2012
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Man A22 C.C. 10518
 Colour: multi colour A/C: Insured / Std / NI / NA
 Sp. Reading: 664226 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: WMAA2222787001191
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or _____
 Brake: In order / Jammed / Leaked / Burnt or _____
 Modi: Nil / S/Rim / STD A/Rim or _____
 Tyre Size: F: 275/70R225
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Firenza
 Front Rear
 R/Bal. 7 mm R/Bal. 7 mm
 L/Bal. 7 mm L/Bal. 7 mm
 D.O.A. 23/2/19 D.O.I. 1/3/2019
 Survey held at Sumit
 Des. of Damages : Frt / Rear / DS / N/S / U/C / Rooflop or
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction

Date/Time. File Pass to?

☐ : Preli. Report
☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

1)

Date/Time. File Return to?

Transportation:

2)

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

) S + PS. SI

) Photos

) Others

Report Format :

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

TOTAL