

15/5/2010

INS. CASE OWNER:

CC 4/AIG1900

LKK:

IDAC:

Surveyor:

DOI:

Date / Time:

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

Name of Insured :

Insured Tel No. :

Excess Sec II :S\$

Is driver the owner?

(YES / NO)

Nature of Accident :

Claim No. :

Policy No. :

Make / Model :

Place 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

SUE 5877E



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
SUE 5877E - 6	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\$	(S x days)	
Loss of Income (LOI): S\$	(S x days)	
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LO ☐	[Tick only one]	
GIA/LTA Search S\$		
Medical: S\$		
Disbursement: S\$	(e.g. Tow/ Independent)	1) Claim status: Normal/Reject/Private Settle
Legal Cost S\$		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:	

REF:

Adrian

ASSIGNMENT

From: _____ Date: _____

Veh No: SLF5877E. Yr Regn: 1

Estimated Cost: _____

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

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

Truck / Trailer or

To Inspect Vehicle No: _____

Make: Honda Civic C.C

at Workshop m/s

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

of

Sp. Reading 171682 T/Radio: Insured / Std / NI / NA

Insured:

Eng/No:

Policy No. _____

C/No:

Claims No. _____

Gen. Cond: Good / Fair / Poor / Burnt

Sum Insured: Excess:

Steering: In order / Jammed / Leaked / Burnt or

(Client's Record)

Brake: Inorder / Jammed / Leaked / Burnt or

Make of Veh:

Modi : Nil ~~KS/Rim~~ / STD A/Rim or

(Policy Condition)

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

N/S	O/S

Bal. or Market Value:

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen:	Consistent? : Yes or No
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Est. Repairs: _____ days Res.: Yes or No

Lum Sum:	%	3 Val.: Yes or No
1	100	Yes
2	100	Yes
3	100	Yes
4	100	Yes
5	100	Yes
6	100	Yes
7	100	Yes
8	100	Yes
9	100	Yes
10	100	Yes
11	100	Yes
12	100	Yes
13	100	Yes
14	100	Yes
15	100	Yes
16	100	Yes
17	100	Yes
18	100	Yes
19	100	Yes
20	100	Yes
21	100	Yes
22	100	Yes
23	100	Yes
24	100	Yes
25	100	Yes
26	100	Yes
27	100	Yes
28	100	Yes
29	100	Yes
30	100	Yes
31	100	Yes
32	100	Yes
33	100	Yes
34	100	Yes
35	100	Yes
36	100	Yes
37	100	Yes
38	100	Yes
39	100	Yes
40	100	Yes
41	100	Yes
42	100	Yes
43	100	Yes
44	100	Yes
45	100	Yes
46	100	Yes
47	100	Yes
48	100	Yes
49	100	Yes
50	100	Yes
51	100	Yes
52	100	Yes
53	100	Yes
54	100	Yes
55	100	Yes
56	100	Yes
57	100	Yes
58	100	Yes
59	100	Yes
60	100	Yes
61	100	Yes
62	100	Yes
63	100	Yes
64	100	Yes
65	100	Yes
66	100	Yes
67	100	Yes
68	100	Yes
69	100	Yes
70	100	Yes
71	100	Yes
72	100	Yes
73	100	Yes
74	100	Yes
75	100	Yes
76	100	Yes
77	100	Yes
78	100	Yes
79	100	Yes
80	100	Yes
81	100	Yes
82	100	Yes
83	100	Yes
84	100	Yes
85	100	Yes
86	100	Yes
87	100	Yes
88	100	Yes
89	100	Yes
90	100	Yes
91	100	Yes
92	100	Yes
93	100	Yes
94	100	Yes
95	100	Yes
96	100	Yes
97	100	Yes
98	100	Yes
99	100	Yes
100	100	Yes

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Front Rear

R/Bal. 06 mm R/Bal. 06 mm

L/Bal. 06 mm L/Bal. 06 mm

D.O.A. D.O.I. 11/03/19

Survey held at 96 Motorsport.

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

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	TP AG.
	MV:
	PV:
	Nett:

Date/Time, File Pass to?	Date/Time, File Return to?	Part Prices Check:		Survey Fee:	Date:
1)	2)	IN	OUT	Basic & Add.	
3)	4)			__ S + RS, __ SI	
5)	6)			Photos	
Prel. Report:				Others	
Final Report:				TOTAL	