

15/5/2010

INS. CASE OWNER:

CC 4 / III 1900

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)

HP:

D.O.A :

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



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
29/10/2019	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: L/S	\$S 600.00 (3 days) Reduction: 1314.25 % 68	Email ☐ Call ☐
FINAL SETTLEMENT Date/Time: 29/10/2019 Confirm with: BEN Email ☒ Call ☐		
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost: (W/GST)	\$S 642.00	
Loss of Rental (LOR):	\$S (days)	
Loss of Use (LOU):	\$S 180.00 (\$ 60 x 3 days)	
Loss of Income (LOI):	\$S (\$ x days)	
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LO ☐ [Tick only one]		
GIA/LTA Search	\$S 7.45	
Medical:	\$S	
Disbursement:	\$S (e.g. Tow/ Independent)	
Legal Cost	\$S	
Total:	\$S 829.45 Global Sum \$S:	
FINAL PAYMENT Date/Time: Confirm with: Email ☒ Call ☐		
Payee 1:	\$S 829.45 Name 1: ALLSWELL MOTOR TRADERS	
Payee 2: (Strike if N.A.)	\$S Name 2:	
Payee 3: (Strike if N.A.)	\$S Name 3:	

09/11/14

Surveyor

GA

REF:

III

C25418

C-2023)

26 Mar 2008

ASSIGNMENT

From:

Date: 15/3/2019

Estimated Cost:

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

To Inspect Vehicle No:

SJU 4731T

at Workshop m/s

Allswell

of

25 Defu lane 9

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

4pm (waiting)

(Policy Condition)

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

N/S	O/S

Bal. or Market Value:

\$25K

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

3

days

Res.: Yes or No

Lum Sum:

20

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

up

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SJU 4731T

Yr Regn:

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

Truck / Trailer or

Make:

Toyota Altis

c.c

1598

Colour

Silver

A/C: Insured / Std / NI / NA

Sp. Reading

335982

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

MR0538EE106100962

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:

195/65 R15

R:

11

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

TOYO / YOKO or

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

D.O.I.

15-03-19

Survey held at

W/S

4pm

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

N/S RA

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

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 (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

S + RS, SI

Photos

Others

TOTAL

Report Format :

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