

15/5/2010

INS. CASE OWNER:

CC 6 /AIG1900 5034, A f63

LKK:  
IDAC:

Surveyor: Adrian

DOI: 12/1/10

Date / Time: 15/1/10

Registered in Merimex: 12/1/10

Pre-assign / CCU / FTE



Insured Vehicle No. : SKW 1177R

Claim No. : \_\_\_\_\_

Name of Insured : \_\_\_\_\_

Policy No. : \_\_\_\_\_

Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_

Make / Model : \_\_\_\_\_

Excess Sec II :SS \_\_\_\_\_ D.O.A: 12/1/10

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

unknown → SKW 1177R → SJP 6819m



INSRS:  
WSP:  
Tel:  
Liability:  
RMKS:



INSRS:  
WSP:  
Tel:  
Liability:  
RMKS:



INSRS:  
WSP:  
Tel:  
Liability:  
RMKS: 01



INSRS:  
WSP: SUCCESS  
Tel: united  
Liability:  
RMKS: TP

Date/ Time	STAGE	DATE / PIC
<u>SJP 6819m</u>	Non-Reporting ltr (1st):	
<u>SKW 1177R</u>	Non-Reporting ltr (2nd):	
	Non-Reporting ltr (Final):	
	Notification ltr (if non-pickup):	
	Call OI:	
	After call ltr to OI:	
	<b>Documentation Check List:</b> 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"/>
	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"/>

<b>PRELIMINARY ADVICE</b>	Date/Time:	Sent By:	Confirm with:	Confirm by:
<b>FINALIZATION</b>	Date/Time:	Repair Cost: S\$ _____	( _____ days) Reduction: % _____	Email <input type="checkbox"/> Call <input type="checkbox"/>
<b>FINAL SETTLEMENT</b>	Date/Time:	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 <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LO <input type="checkbox"/>	[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:
<b>Total:</b>	<b>S\$ _____</b>	<b>Global Sum S\$:</b>		
<b>FINAL PAYMENT</b>	Date/Time:	Payee 1: S\$ _____	Name 1: _____	Email <input type="checkbox"/> Call <input type="checkbox"/>
		Payee 2: (Strike if N.A.) S\$ _____	Name 2: _____	
		Payee 3: (Strike if N.A.) S\$ _____	Name 3: _____	

ASS. REC. BY:

REF:

Adrian

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/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

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SJP6819M Yr Regn: 2009 / March

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

Truck / Trailer or

Make: Nissan Latio. c.c. 1497

Colour: Black. A/C: Insured / Std / Nil / NA

Sp. Reading: 163454 T/Radio: Insured / Std / Nil / NA

Eng/No:

C/No: JN1BAAC 112002115.

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: 185/65R15

R: 185/65R15.

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

TOYO / YOKO or Fireenza.

Front Rear

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

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

D.O.A. D.O.I. 15/03/19.

Survey held at Success smiled.

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
	TP ALG.
	MV: 10.5K.
	PV: 10.1K.
	Nett:

Date/Time, File Pass to?	Date/Time, File Return to?	Part Prices Check:		Survey Fee:	Date:					
1)	2)	IN	OUT	Basic & Add.	<table border="1"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>					
3)	4)			___ S + RS, ___ SI						
5)	6)			Photos						
				Others						
				TOTAL						

Prel. Report:  
Final Report: