

15/5/2010

INS. CASE OWNER:

CC 6 / CTI1900

LKK:

IDAC:

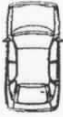
Surveyor:

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 :S\$

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



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
SKG 7529K GGG 7529K	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:	
	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:
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FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost:	S\$	(days) Reduction:	%
			Email ☐ Call ☐

FINAL SETTLEMENT	Date/Time:	Confirm with:	Email ☐ Cal ☐
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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\$	(\$ x days)	
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Loss of Income (LOI):	S\$	(\$ x days)	
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LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LO ☐ [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)	
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Legal Cost	S\$		
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Total:	S\$	Global Sum S\$:	
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FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Cal ☐
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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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ASS. REC. BY:

REF: C121

Kenneth

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. _____

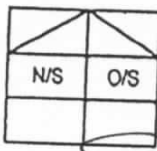
Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 04 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: GBB 542PK Yr Regn: 10, 17

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

Truck / Trailer or

Make: Toy Dyno c.c. 2P82

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

Sp. Reading 39701 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTFAT35450K20P239

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: NII / S/Rlm / STD A/Rlm or

Tyre Size: F: 195/75R15

R: 155R 12X8(10)

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

TOYO / YOKO or

Front

Rear

R/Bal. 9 mm

R/Bal. 11 mm

L/Bal. 9 mm

L/Bal. 11 mm

D.O.A. 7/12/19

D.O.I. 27/3/19

Survey held at

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

Rear O/S

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

Date / Time

Action / Instruction

1 File pass to

Date/Time, File Pass to?

☐ : Prell. Report

Days Of Repair: _____

1)

☐ : Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

2)

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

Survey Fee:

Transportation:

\$ - RS. \$

Photos

Others

TOTAL

Report Format :

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