

15/5/2010

INS. CASE OWNER:

CC 4/LPC1900

LKK:

IDAC:

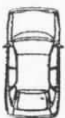
Surveyor:

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 :

If NO. Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO )

Claim No. :

Policy No. :

Make / Model :

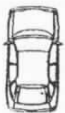
Place of Accident :

OI GIA REPORT: YES / NO : TP GIA REPORT: YES / NO

Insured Liability :

% Final ? Yes / No

SU 8557M



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                                                   |
|------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------------------------|
|                                                                                                                                          | Non-Reporting ltr (1st):           |                                                              |
|                                                                                                                                          | 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>   | <b>Handler</b> <b>Typist</b>                                 |
|                                                                                                                                          | Notification ltr (if non-pickup)   | <input type="checkbox"/> <input type="checkbox"/>            |
|                                                                                                                                          | After call ltr to OI:              | <input type="checkbox"/> <input type="checkbox"/>            |
|                                                                                                                                          | Authorisation To Act:              | <input type="checkbox"/> <input type="checkbox"/>            |
|                                                                                                                                          | Release Voucher:                   | <input type="checkbox"/> <input type="checkbox"/>            |
|                                                                                                                                          | Final Repair Bill:                 | <input type="checkbox"/> <input type="checkbox"/>            |
|                                                                                                                                          | Car Rental Invoice:                | <input type="checkbox"/> <input type="checkbox"/>            |
|                                                                                                                                          | Towing Invoice:                    | <input type="checkbox"/> <input type="checkbox"/>            |
|                                                                                                                                          | LTA / GIA :                        | <input type="checkbox"/> <input type="checkbox"/>            |
|                                                                                                                                          | Medical Bill:                      | <input type="checkbox"/> <input type="checkbox"/>            |
|                                                                                                                                          | PIR:                               | <input type="checkbox"/> <input type="checkbox"/>            |
|                                                                                                                                          | Mandate/Reject Instruction:        | <input type="checkbox"/> <input type="checkbox"/>            |
|                                                                                                                                          | LOD                                | <input type="checkbox"/> <input type="checkbox"/>            |
|                                                                                                                                          | Payment Breakdown Form:            | <input type="checkbox"/> <input type="checkbox"/>            |
|                                                                                                                                          | Post-Repair Photos:                | <input type="checkbox"/> <input type="checkbox"/>            |
|                                                                                                                                          | Others:                            | <input type="checkbox"/> <input type="checkbox"/>            |
| <b>PRELIMINARY ADVICE</b> Date/Time: Sent By:                                                                                            |                                    |                                                              |
| <b>FINALIZATION</b> Date/Time: Confirm with: Confirm by:                                                                                 |                                    |                                                              |
| Repair Cost: S\$                                                                                                                         | ( days) Reduction: %               | Email <input type="checkbox"/> Call <input type="checkbox"/> |
| <b>FINAL SETTLEMENT</b> Date/Time: Confirm with: Email <input type="checkbox"/> Call <input type="checkbox"/>                            |                                    |                                                              |
| 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\$                                |                                                              |
| Disbursement:                                                                                                                            | S\$ (e.g. Tow/ Independent )       | 1) Claim status: Normal/Reject/Private Settle                |
| Legal Cost                                                                                                                               | S\$                                | 2) Report Format:                                            |
|                                                                                                                                          |                                    | 3) Survey fee:                                               |
| <b>Total:</b> S\$                                                                                                                        | <b>Global Sum S\$:</b>             |                                                              |
| <b>FINAL PAYMENT</b> Date/Time: Confirm with: Email <input type="checkbox"/> Call <input type="checkbox"/>                               |                                    |                                                              |
| Payee 1:                                                                                                                                 | S\$                                | Name 1:                                                      |
| Payee 2: (Strike if N.A.)                                                                                                                | S\$                                | Name 2:                                                      |
| Payee 3: (Strike if N.A.)                                                                                                                | S\$                                | Name 3:                                                      |

10/5/11/13

Surveyor

REF:

JPC

## ASSIGNMENT

From:

Date:

8/4/19

Estimated Cost:

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

To Inspect Vehicle No:

SL18553M

at Workshop m/s

N-SI Automotive

of

2 koki Bkt Ave 2 #01-17/18

Insured:

Autohub

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

1up

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SL18553M.

Yr Regn:

2017 March.

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

Truck / Trailer or

Make:

Honda Vezel Hybrid c.c 1496

Colour:

Silver.

A/C: Insured / Std / NI / NA

Sp. Reading

122595

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

2u31220300

Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

215/60R16

R:

215/60R16

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

TOYO / YOKO or

Triangle.

Front

Rear

R/Bal.

06

mm

R/Bal.

06

mm

L/Bal.

06

mm

L/Bal.

06

mm

D.O.A.

D.O.I.

08/04/19.

Survey held at

N51.

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

Front o/s.

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

Date / Time

Action / Instruction

TP Con Pac.

MV: 75K  
PV: 40.4K.  
Nett: 34.6K.

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

\$ + RS, \$

Photos

Others

TOTAL

Report Format :

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