

INS. CASE OWNER:

CC5 / LP 1900 7899 / Kja3

LNN:
IDAC:

Surveyor:

KENNETH

DOI:

3/5/19

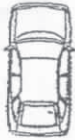
Date / Time:

3/5/19

Registered in Merimen:

Pre-assign / CCU / FTE

SLA 23160



Insured Vehicle No. : _____

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :SS _____ D.O.A : 1/5/2019

Place of Accident : _____

Is driver the owner? (YES / NO) Nature of Accident : _____

If NO, Driver Name / Age : _____

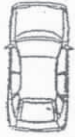
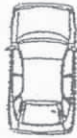
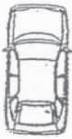
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : _____

(V/L: YES / NO)

Insured Liability : % Final ? Yes / No

She 5952 J

INSRS: Ymmy-cab
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time

She 5952 J - 03/04/19 11:25 / Kja392 : DOA: 3/6/19
- 06/04/19 10:41 / Kja392 : DOA: 20/5/19
AA 23160 - X

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:	
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:	
Repair Cost:	S\$	(days)	Reduction:	%
FINAL SETTLEMENT		Date/Time:	Confirm with	
Final Liability:	%	(Agreed / Assessed) BOLA S/N No. :		Email ☐ Call ☐
Repair Cost:	S\$	If NO or B 28, Ass. Lia :		
Loss of Rental (LOR):	S\$	(days)		
Loss of Use (LOU):	S\$	(\$ x days)		
Loss of Income (LOI):	S\$	(\$ x days)		
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐	[Tick only one]			
GIA/LTA Search	S\$			
Medical:	S\$			
Disbursement:	S\$	(e.g. Tow/ Independent)		
Legal Cost	S\$			
Total:	S\$	Global Sum S\$:		
FINAL PAYMENT		Date/Time:	Confirm with:	
Payee 1:	S\$	Name 1:	Email ☐ Call ☐	
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

ASS. REC. BY:

REF:

LPC /

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:

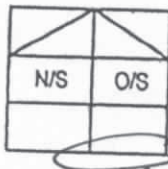
Excess:

(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:

08

days

Res.:

Yes or No

Lum Sum:

20

%

3 Val.:

Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SHC 59527

Yr Regn:

06, 15

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

Truck / Trailer or

Make:

Perant Latitude

c.c

1995

Colour:

White / Red

A/C:

Insured / Std / NI / NA

Sp. Reading

61.668

T/Radio:

Insured / Std / NI / NA

Eng/No:

560135

C/No:

VI-1ABZ 15AUC. 281662

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

215/60R16

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or

Giti

Front

Rear

R/Bal.

8 mm

R/Bal.

8 mm

L/Bal.

8 mm

L/Bal.

8 mm

D.O.A.

1/5/19

D.O.I.

3/5/19

Survey held at

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

Rear O/S

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

Date / Time

Action / Instruction

1) File pass to
6/1/19 8:00am

Date/Time, File Pass to?

☐

: Prell. Report

1)

Date/Time, File Return to?

☐

: Final Report

2)

Days Of Repair:

Resurvey No. of Trlp:

Survey Fee:

Transportation:

S + RS. SI

Fixtures

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Report Format :

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