

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)

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:

SMKT.



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date / Time	STAGE	DATE / PIC	
SHC 47475-7	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:	☐	☐	
PRELIMINARY ADVICE Date/Time:		Sent By:	
FINALIZATION Date/Time:		Confirm with:	
Repair Cost: S\$		(days) Reduction: %	
Email ☐		Call ☐	
FINAL SETTLEMENT Date/Time:		Confirm with:	
Final Liability: %		(Agreed / Assessed) BOLA S/N No. :	
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 ☐ LOU only ☐ LOR + LOU ☐		LOR + LO ☐ [Tick only one]	
GIA/LTA Search		S\$	
Medical:		S\$	
Disbursement:		(e.g. Tow/ Independent)	
Legal Cost		S\$	
Total: S\$		Global Sum S\$:	
FINAL PAYMENT Date/Time:		Confirm with:	
Payee 1:		S\$	
Payee 2: (Strike if N.A.)		S\$	
Payee 3: (Strike if N.A.)		S\$	
Name 1:			
Name 2:			
Name 3:			

05/11/19

Surveyor

MAR

REF:

LPC

TAX 105/19/2026

ASSIGNMENT

From:

Date:

7/5/19

Estimated Cost:

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

To Inspect Vehicle No:

SHC 4747S

at Workshop m/s

SMRT

of

woodlands Depot

Insured:

Policy No.

Claims No.

Sum Insured:

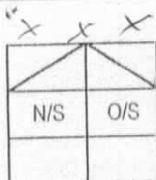
Excess:

(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:

4

days

Res.: Yes or No

Lum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

1up

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SHC 4747S

Yr Regn:

19 FEB 2016

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

Truck / Trailer or

Make:

TOYOTA PRIUS

C.C

1,798

Colour:

MAROON

A/C:

☒ Insured / Std / NI / NA

Sp. Reading

328469

T/Radio:

☒ Insured / Std / NI / NA

Eng/No:

C/No:

JTDKN36UX0578744Y

Gen. Cond: Good / ☒ Fair / Poor / BurntSteering: ☒ Inorder / Jammed / Leaked / Burnt orBrake: ☒ Inorder / Jammed / Leaked / Burnt orModi: 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

FALKEN (F), WERT LAKE (R)

Front

Rear

R/Bal.

5

mm

R/Bal.

6

mm

L/Bal.

5

mm

L/Bal.

6

mm

D.O.A.

6/5/19

D.O.I.

7/5/19

Survey held at

SMRT WOODLANDS

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

LPC L/S

Date/Time, File Pass to?

☐

: Preli. Report

☐

: Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

☐

: Site Insp (\$)

☐

: Interview (\$)

☐

: Tech. Invs (\$)

☐

: Weekend (\$)

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

Report Format :

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