INS. CASE OWNER:	CC⁵ / ᴜ¹¹₁₉₀₀ ᴾ¹₆ ₀ / J ᴺᴬˢ	IDAC:

Surveyor: **OHJ**   DOI: **23/8/19**   Date / Time : **23/8/19**

Registered in Merimen: _____

Pre-assign / CCU / FTE   **Ym 3446m**
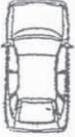
Insured Vehicle No. : _____   Claim No. : _____

Name of Insured : _____   Policy No. : _____

Insured Tel No. : _____ HP: _____   Make / Model : _____

Excess Sec II :S$ _____   D.O.A : **14/5/19**   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

SMB 326 X →
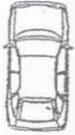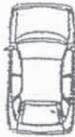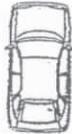
INSRS: WSP: Tel : **Emby.m** Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	

Date/ Time

SMB326X - X ;   Ym3446m - 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: _____   Confirm by: _____

FINALIZATION Date/Time: _____   Confirm with: _____   Email ☐ Call ☐

Repair Cost: S$ _____ (___ days) Reduction: ____ %

FINAL SETTLEMENT Date/Time: _____   Confirm with _____   Email ☐ Call ☐

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 ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ [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:
Total:	S$ Global Sum S$:	

FINAL PAYMENT Date/Time: _____   Confirm with: _____   Email ☐ Call ☐

Payee 1:	S$	Name 1:
Payee 2: (Strike if N.A.)	S$	Name 2:
Payee 3: (Strike if N.A.)	S$	Name 3:

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 Rport: _____ 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. **SMB326X**   Yr Regn: **1 Nov 2012**

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

    Truck / Trailer or _____

Make: **Man A22**   c:c **10518**

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

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

Eng/No: —

C/No: **WMAA22ZZ5CT001459**

Gen. Cond: (Good) / Fair / Poor / Burnt

Steering: (Inorder) / Jammed / Leaked / Burnt or

Brake: (Inorder) / Jammed / Leaked / Burnt or _____

Modi : Nil / (S/Rim) / STD A/Rim or _____

Tyre Size: F: **275/70R22.5**

          R: —

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

TOYO / YOKO or   **Firenza**

Front		Rear		
R/Bal. **7**	mm	R/Bal. **7/7**	mm	
L/Bal. **7**	mm	L/Bal. **7/7**	mm	
D.O.A. **14/5/18**		D.O.I. **23/5/19**		

Survey held at   **Smrt**

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

Date/Time. File Pass to?   ☐ : Preli. Report

1) _____   ☐ : Final Report

Date/Time. File Return to?

2) _____

Report Format :

Lump Sum / I.B.I: (S

Days Of Repair: _____

Resurvey No. of Trip: _____

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

Survey Fee:

Transportation:

) __S + PS. __ SI
) Photos
) Others

TOTAL