

INS. CASE OWNER:

CC 4/EGI1900

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 :

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

SPW 9669u

INSRS:
WSP:
Tel :
Liability :
RMKS:Accord
motoINSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time

SPW 9669u - x

YQ67 - 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:

Confirm by:

Repair Cost:

S\$

(

days) Reduction:

%

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with

Email

Cal

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 + LO

☐

[Tick only one]

GIA/LTA Search

S\$

Medical:

S\$

Disbursement:

S\$

(e.g. Tow/ Independent)

Legal Cost

S\$

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

Total:

S\$

Global Sum S\$:

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Cal

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: 2/15

Estimated Cost: _____

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

To Inspect Vehicle No: 8FW 9669U

at Workshop m/s Accord Auto

of 10 AMC #03-11

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 Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 02 days Res.: Yes or No

Lum Sum: 1.13-1 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: STW 9689U /r Regn: 01, 08

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

Truck / Trailer or (m)

Make: Mit Evo X C.C. 1998

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

Sp. Reading: 13768 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: C 8 4A 0001083

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / SRim / STD A/Rim or

Tyre Size: F: 265/35ZR18

R: _____

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

TOYO / YOKO or

Front	Rear
R/Bal. <u>7</u> mm	R/Bal. <u>7</u> mm
L/Bal. <u>7</u> mm	L/Bal. <u>7</u> mm
D.O.A. <u>13/5/18</u>	D.O.I. <u>27/5/18</u>

Survey held at ✓Des. of Damages: Pft / Rear / O/S / N/S / U/C / Rooftop or

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

Date / Time	Action / Instruction
	<u>854012</u>

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. St

Photos

Others

TOTAL

Report Format: _____

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