LKK:

CC 4/ PWD 19010677 / Ada3   IDAC:

INS. CASE OWNER:

ASSIGNMENT

Surveyor: Adrian.   DOI: 14/06/2019   Date / Time: 14/06/2019
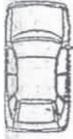
Registered in Merimen: 17/06/2019

Pre-assign / CCU / FTE

Insured Vehicle No. : SJS 97C   Claim No. :

Name of Insured :   Policy No. :

Insured Tel No. :   HP: Make / Model :

Excess Sec II :S$ D.O.A : 07/06/2019   Place of Accident :

Is driver the owner?   (YES / NO)   Nature of Accident :
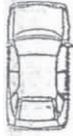
If NO, Driver Name / Age :   OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. :   (V/L: YES / NO)   Insured Liability :   %   Final ? Yes / No

SMK 8147X →

	INSRS:		INSRS:		INSRS:		INSRS:
	WSP: Green Forest		WSP:		WSP:		WSP:
	Tel :		Tel :		Tel :		Tel :
	Liability :		Liability :		Liability :		Liability :
	RMKS:		RMKS:		RMKS:		RMKS:

Date/ Time			STAGE	DATE / PIC
	SMK 8147X - X		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:	
RELIMINARY ADVICE Date/Time:	Sent By:		Post-Repair Photos:	
			Others:	

INALIZATION   Date/Time: Confirm with: Confirm by:

pair Cost: S$ (days) Reduction: %   Email ☐ Call ☐

NAL SETTLEMENT   Date/Time: Confirm with   Email ☐ Call ☐

nal Liability: %   (Agreed / Assessed) BOLA S/N No. :   If NO or B 28, Ass. Lia :

pair Cost: S$

ss of Rental (LOR):   S$ (days)

ss of Use (LOU):   S$ ($ x   days)

ss of Income (LOI):   S$ ($ x   days)

OR only ☐   LOU only ☐   LOR + LOU ☐   LOR + LOI ☐   [Tick only one]

A/LTA Search   S$

edical: S$ 1) Claim status: Normal/Reject/Private Settle

sbursement: S$ (e.g. Tow/ Independent)   2) Report Format:

gal Cost   S$ 3) Survey fee:

tal: S$ Global Sum S$:

NAL PAYMENT   Date/Time: Confirm with: Email ☐ Call ☐

yee 1:   S$ Name 1:

yee 2: (Strike if N.A.)   S$ Name 2:

yee 3: (Strike if N.A.)   S$ Name 3:

Action

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: **S MK 8147X**   Yr Regn: **2019 / April**

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

Truck / Trailer or _____

Make: **Toyota Prius Plus.**   c.c **1798**

Colour **Green.**   A/C: Insured / Std / NI / NA

Sp.Reading **9003.**   T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: **JTDZS3EU80J039699.**

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: **205/60R16**
            R: **205/60R16.**

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

TOYO / (YOKO) or _____

Front		Rear	
R/Bal. **06**	mm	R/Bal. **06**	mm
L/Bal. **06**	mm	L/Bal. **06**	mm
D.O.A.		D.O.I. **14/06/19.**	

Survey held at   **Green Forest.**

Des. of Damages : (Fr) / Rear / (O/S) / (N/S) / (U/C) / Rooftop or _____

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

Date / Time	Action / Instruction
	TP FWD.
	MV : 110K
	PV : 56.4K
	Nett : 53.6K.

Date/Time, File Pass to?	Date/Time, File Return to?	Part Prices Check:		Survey Fee:	Date:
1)	2)	IN	OUT	Basic & Add.	
3)	4)			__ S +RS, __ SI	
5)	6)			Photos	
Preli. Report:				Others	
Final Report:				TOTAL	