

INS. CASE OWNER:

CC 61 A16 190 12142 / Uda3

LKK:

IDAC:

Surveyor:

Marcus

DOI:

9/3/19

Date / Time :

9/3/19

Registered in Merimen:

9/3/19

Pre-assign / CCU / FTE



Insured Vehicle No. : SDZ 8000 M

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : SS D.O.A : 31/3/19

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

SKK 3178 M

INSRS:
WSP: Fastech
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
SKK3178M : CC3 / MSK18005225 / Uda3n2	Non-Reporting ltr (1st):	
SDZ8000M : X	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 _____ 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\$ _____		
Disbursement: S\$ _____ (e.g. Tow/ Independent)		
Legal Cost S\$ _____		
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: _____		

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

(08/11/13) wef
ASS. REC. BY: Marcus

REF:

A16/

ASSIGNMENT

From: _____ Date: _____
Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
To Inspect Vehicle No: SKK3178M
at Workshop m/s: AL.
of: _____
Insured: 50X8000M
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: 45800
IDAC Accident Rpt: _____ 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

L1A 39637

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Date / Time Action / Instruction

3 yrs 11 mths net 6163

Veh No: SKK3178M Yr Regn: 6.13
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or CA /
Make: Citroen DS4 c.c. 1560
Colour: white A/C: Insured / Std / NI / NA
Sp. Reading: 244732 T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: VF7NX9HD8DY505319
Gen. Cond: Good / Fair / Poor / Burnt
Steering: In order / Jammed / Leaked / Burnt or
Brake: In order / Jammed / Leaked / Burnt or
Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 225/45ZR18
R: _____

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

Front 6 mm Rear 6 mm
R/Bal. 6 mm L/Bal. 6 mm
D.O.A. 7/7/18 D.O.I. 9/7/18
Survey held at _____

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

Rear

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

Date/Time, File Pass to?

☐ : Preli. Report
☐ : Final Report

Days Of Repair:

1) Date/Time, File Return to?

Resurvey No. of Trip:

Survey Fee:

2)

Add Fee: ☐ : Site Insp (\$) S + RS, SI
☐ : Interview (\$) Photos
☐ : Tech. Invs (\$) Others
☐ : Weekend (\$)

Report Format :

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

TOTAL