

INS. CASE OWNER:

CC3 / III 19012348 / Kwa3

LKK:

IDAC:

Surveyor:

Kenneth

DOI:

11/7/19

Date / Time:

11/7/19

Registered in Merimen:

12/7/19

Pre-assign / CCU / FTE



Insured Vehicle No. : SHD 7182 X

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : S\$ _____ D.O.A : 9/7/19

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

SHD 1346

INSRS:
WSP: Trans cab
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time

SHD 1346 : CC3 / III 19012348 / Kwa3 : D.O.A : 9/7/19
: CC4 / ASM 19010635 / Ap93 : D.O.A : 10/6/19
: CC4 / ASM 19012195 / K1P43 : D.O.A : 9/7/19

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 ☐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:

ASS. REC. BY:

REF: THKenneth

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 Rpt: _____

Consistent? : Yes or No

GIA / PR Seen: _____

Consistent? : Yes or No

Est. Repairs: _____

02 days

Res.: Yes or No

Lum Sum: _____

20 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____

Person Contacted: _____

Vehicle: IN / OUT

Date / Time

Action / Instruction

1 File pass toL1 Reg 83200L

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

S + RS. SI

Fees

Others

TOTAL

Report Format :

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

Add Fee: ☐

: Site Insp (\$ _____)

☐

: Interview (\$ _____)

☐

Tech Invs (\$ _____)

☐

Weekend (\$ _____)

Veh No: S14D 1346Yr Regn: 09, 15

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

Truck / Traller or _____

Make: RenaultCoastline c.c1995Colour M.P. White / Red

A/C: _____

Insured / Std / NI / NA

Sp. Reading 911544

T/Radio: _____

Insured / Std / NI / NA

Eng/No: _____

C/No: VIF1ABL15AUC 282240Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: Nil / S/Rim / STD A/Rim or

Tyre Size: F: _____

R: _____

215/60R16BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or GTTI

Front

Rear

R/Bal. 9 mmR/Bal. 7 mmL/Bal. 9 mmL/Bal. 7 mmD.O.A. 9/7/19D.O.I. 11/7/19

Survey held at _____

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
NIS 14

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

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

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S + RS. SI

Fees

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TOTAL

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☐

Tech Invs (\$ _____)

☐

Weekend (\$ _____)