

CC4/AIG19013193/Kbb3

15/5/2010

INS. CASE OWNER:

CC 4/AIG1901 3193 / Kbb3

LKK:

IDAC:

Surveyor: KSL

DOI: W/7/19

Date / Time: 26/7/19

Registered in Merimen: W/7/19

Pre-assign / CCU / FTE



Insured Vehicle No. : SLZ 856T

Claim No. : 2856414594SG

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$ _____ D.O.A : W/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



INSRS: _____
WSP: supreme
Tel : _____
Liability : _____
RMKS: _____



INSRS: _____
WSP: _____
Tel : _____
Liability : _____
RMKS: _____



INSRS: _____
WSP: _____
Tel : _____
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RMKS: _____



INSRS: _____
WSP: _____
Tel : _____
Liability : _____
RMKS: _____

Date/ Time	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)	<input checked="" type="checkbox"/>
	After call ltr to OI:	<input checked="" type="checkbox"/>
	Authorisation To Act:	<input checked="" type="checkbox"/>
	Release Voucher:	<input checked="" type="checkbox"/>
	Final Repair Bill:	<input checked="" type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/>
	LTA / GIA :	<input checked="" type="checkbox"/>
	Medical Bill:	<input type="checkbox"/>
	PIR:	<input type="checkbox"/>
	Mandate/Reject Instruction:	<input checked="" type="checkbox"/>
	LOD	<input checked="" type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/>
	Others:	<input type="checkbox"/>

07/08/2020 SETTLED AND CLOSED

PRELIMINARY ADVICE		Date/Time:	Sent By:
FINALIZATION		Date/Time:	Confirm with:
Repair Cost:	L/S	\$S 3,050.00	(4 days) Reduction: 51.82 %
FINAL SETTLEMENT		Date/Time: 06/08/2020	Confirm with: CHEW KEONG
Final Liability:	%	100	(Agreed / Assessed) BOLA S/N No. : 27
Repair Cost:	\$S	3,050.00	
Loss of Rental (LOR):	\$S	() days	
Loss of Use (LOU):	\$S	360.00 (\$ 60 x 6 days)	
Loss of Income (LOI):	\$S	() x () days	
LOR only <input type="checkbox"/> LOU only <input checked="" type="checkbox"/>	LOR + LOU <input type="checkbox"/> LOR + LO <input type="checkbox"/>	[Tick only one]	
GIA/LTA Search	\$S	2.00	
Medical:	\$S		
Disbursement:	\$S		(e.g. Tow/ Independent)
Legal Cost	\$S		
Total:	\$S	3,412.00	Global Sum \$S: 3,300.00
FINAL PAYMENT		Date/Time:	Confirm with:
Payee 1:	\$S	3,300.00	Name 1: SUPREME AUTO SERVICE PTE LTD
Payee 2: (Strike if N.A.)	\$S		Name 2:
Payee 3: (Strike if N.A.)	\$S		Name 3:

OID rear-ended TP

1) Claim status: Normal/Reject/Private Settle
2) Report Format: TP
3) Survey fee: \$320.00

ASS. REC. BY:

REF:

MG

ASSIGNMENT

From:

Date:

26/7/19

Estimated Cost:

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

To Inspect Vehicle No:

SLJ 9029P

at Workshop m/s

Supreme Auto

of

176 Sin Ming Drive # 02-01

Insured:

Policy No.

Claims No.

Sum Insured:

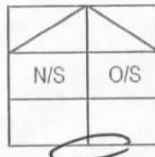
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.



Bal. or Market Value:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

days

Res.: Yes or No

Lum Sum:

20

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

up

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SLJ 9029P

Yr Regn:

/

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

Truck / Trailer or

Make:

Mercedes

C.C.

Colour:

M. Grey

A/C:

Insured / Std / NI / NA

Sp. Reading

172593

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

JMBBN 22A8H 0131524

Gen. Cond: Good / Fair / Poor / Burnt

Steering: ☒ In order / Jammed / Leaked / Burnt orBrake: ☒ In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

205/60R16

R:

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

TOYO / YOKO or

Appendix

Front

Rear

R/Bal.

9

mm

R/Bal.

9

mm

L/Bal.

9

mm

L/Bal.

9

mm

D.O.A.

1/11P

D.O.I.

26/7/19

Survey held at

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

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

Date / Time

Action / Instruction

GIA not ready

Date/Time, File Pass to?



Preli. Report

1)



Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL

Report Format:

Lump Sum / L.B.F. (%)

Add Fee:



Site Insp (\$)



Interview (\$)



Tech. Invs (\$)



Weekend (\$)