

INS. CASE OWNER:

cc 4, 111 190 13505, A pa 39

LKK:
IDAC:

Surveyor: Wp DOI: 5/11/19 Date / Time: 1/8/2019
Registered in Merimen: 1/8/19

Pre-assign / CCU / FTE

SHO 4953H



Insured Vehicle No. : _____
Name of Insured : CPR
Insured Tel No. : _____ HP: _____
Excess Sec II :SS _____ D.O.A: 7/7/19
Is driver the owner? (YES (NO)) Nature of Accident : _____

Claim No. : _____
Policy No. : _____
Make / Model : _____
Place 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

SML 7308 A



INSRS: _____
WSP: Kang Car
Tel: _____
Liability: _____
RMKS: _____



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



INSRS: _____
WSP: _____
Tel: _____
Liability: _____
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 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 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"/>

SML 7308 A - X ;
SHO 4953H - cc 4, 111 190 13505, A pa 39 ; D.O.A. 4/6/19
28-8-19 BOTH PARTIES SHARE THE LIABILITY FOR ACCIDENT (SEE COMMENT)
9/11/19 - file -> type mandate

PRELIMINARY ADVICE	Date/Time:	Sent By:	Confirm by:
FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: <u>PIP</u>	<u>SS 2000-W</u>	(<u>4</u> days) Reduction: <u>75</u> %	Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT	Date/Time:	Confirm with:	Email <input type="checkbox"/> Call <input type="checkbox"/>
Final Liability:	% <u>50</u>	(Agreed / Assessed) BOLA S/N No. : <u>NIL</u>	If NO or B 28, Ass. Lia :
Repair Cost:	<u>SS 2140-W</u>	<u>SS 1070-W</u>	
Loss of Rental (LOR):	<u>SS</u>	(<u> </u> days)	
Loss of Use (LOU):	<u>SS 2W-W</u>	(<u>1W</u> x <u>4</u> days)	
Loss of Income (LOI):	<u>SS -</u>	(<u>0</u> x <u> </u> days)	
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/>	<input type="checkbox"/> LOR + LOU <input type="checkbox"/>	<input type="checkbox"/> LOR + LOI <input type="checkbox"/>	[Tick only one]
GIA/LTA Search	<u>SS</u>		
Medical:	<u>SS</u>		
Disbursement:	<u>SS</u>	(e.g. Tow/ Independent)	1) Claim status: <u>Not used/Reject/Private Settle</u>
Legal Cost	<u>SS</u>		2) Report Format: <u>\$350.00</u>
Total:	<u>SS 1270-W</u>	Global Sum SS: <u>1270-W</u>	3) Survey fee:
FINAL PAYMENT	Date/Time:	Confirm with:	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Payee 1:	<u>SS 1270.00</u>	Name 1: <u>Kang Car Repairs Pte Ltd</u>	
Payee 2: (Strike if N.A.)	<u>SS</u>	Name 2:	
Payee 3: (Strike if N.A.)	<u>SS</u>	Name 3:	

Adrian

ASSIGNED TO

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: 04 days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SML7308A - Yr Regn: 2019 / May

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

Truck / Trailer or

Make: Toyota Esquire Hybrid 1797

Colour: Grey A/C: Insured / Std / Nil / NA

Sp. Reading: 4287 T/Radio: Insured / Std / Nil / NA

Eng/No: _____

C/No: ZWR800358335

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: 215/50R17

R: 215/50R17

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

TOYO / YOKO or

Front R/Bal. 06 mm Rear R/Bal. 06 mm

L/Bal. 06 mm L/Bal. 06 mm

D.O.A. _____ D.O.I. 05/08/19

Survey held at Kang

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
	TP III
	PIP \$200 Credit @ 5869.87 / 75%
	MV:
	PV:
	Nett:

Date/Time, File Pass to?	Date/Time, File Return to?	Part Prices Check:		Survey Fee:	Date:				
1)	2)	IN	OUT	Basic & Add.	<table border="1"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>				
3)	4)			\$ + RS, SI					
5)	6)			Photo:					
				Others					
				TOTAL					

Prel. Report
Final Report