

Surveyor:

Ksu

DOI:

16/8/2019

Date / Time :

16/08/2019

Registered in Merimen:

19/8/19

Pre-assign / CCU / FTE



Insured Vehicle No. : SLT 2721K

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____

HP: _____

Make / Model : _____

Excess Sec II : SS

D.O.A : 14/8/2019

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

SHC 5268



INSRS:

WSP:

Tel :

Liability :

RMKS:

Trans-Cab



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

SHC 5268 - C3/A6/190/1571/Kka3 ; 08/18/07/19
 - C3/A6/190/127887/Kka3 ; 08/12/19
 - C3/C7/180/184611/Kka3 ; 08/07/18
 - C3/7ml/180/163961/Kka3 ; 08/22/18
 - C4/1A/A/160/6326/1843qr ; 08/14/16

SLT 2721K x

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:

L/S

S\$ 8,350

(

5

days) Reduction:

%

Email

Call

FINAL SETTLEMENT

Date/Time: 17/4/2020

Confirm with Ng Wai Yin

Email

Call

Final Liability:

% 100

(Agreed / Assessed) BOLA S/N No. : 27

If NO or B 28, Ass. Lia :

Repair Cost:

(w/GST)

S\$ 8,934.50

Loss of Rental (LOR):

S\$ 567.91

(

7

days) \$81.13

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\$ 7.49

Medical:

S\$ -

Disbursement:

S\$ -

(e.g. Tow/ Independent)

Legal Cost

S\$ -

Total:

S\$ 9,509.90

Global Sum S\$: 9,500

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

S\$ 9,500

Name 1:

Trans-Cab Auto Services Pte Ltd

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:

TP

3) Survey fee:

\$320

ASS. REC. BY:

REF:

AUG 1

Kenneth

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.Bal. or Market Value: 839,800

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 05 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: S14C5216B Yr Regn: 02, 14

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

Truck / Traller or

Make: Mercury Control c.c. 1995Colour: M White / R A/C: Insured / Std / NI / NASp. Reading: 804581 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: VF1ABL15AUC - 276169Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModl: NI / S/Rlm / STD A/Rlm orTyre Size: F: Turning 215/60R16R: G.T.

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

TOYO / YOKO or

Front

Rear

R/Bal. 9 mm R/Bal. 6 mmL/Bal. 9 mm L/Bal. 6 mmD.O.A. 14/5/11 D.O.I. 16/8/19Survey 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

/ File pass to

/ 1 Rm R 83506

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

Fixings

Others

TOTAL

Report Format :

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

Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech Invs (\$ _____)☐ : Weekend (\$ _____)