

INS. CASE OWNER:

CC 4/1111901 4523, Kwb3

LKK:  
IDAC:

Surveyor: Kenneth DOI: 19/8/19 Date / Time: 19/8/19  
Registered in Merimen: 10/8/19

Pre-assign / CCU / FTE



Insured Vehicle No. : SHD 7433T Claim No. :  
Name of Insured : Policy No. :  
Insured Tel No. : HP: Make / Model :  
Excess Sec II :SS D.O.A : 17/8/19 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

sjk 8249T



INSRS: WSP: Meng KOL  
Tel :  
Liability :  
RMKS:



INSRS: WSP:  
Tel :  
Liability :  
RMKS:



INSRS: WSP:  
Tel :  
Liability :  
RMKS:



INSRS: WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time	STAGE	DATE / PIC
sjk 8249T - X	Non-Reporting ltr (1st):	
SHD 7433T - X	Non-Reporting ltr (2nd):	
	Non-Reporting ltr (Final):	
	Notification ltr (if non-pickup):	
	Call OI:	
	After call ltr to OI:	
	<b>Documentation Check List:</b> Handler Typist	
	Notification ltr (if non-pickup)	<input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/>
	Final Repair Bill:	<input 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 type="checkbox"/>
	LOD	<input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/>

PRELIMINARY ADVICE Date/Time: Sent By: Confirm 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 + LO  [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: TU /

Kenneth

**ASSIGNMENT**

From: \_\_\_\_\_ Date: \_\_\_\_\_  
 Estimated Cost: \_\_\_\_\_  
OD / TP / WS / TP RES / OD RES / EVA / INV / MY  
 To inspect Vehicle No: \_\_\_\_\_  
 at Workshop m/s Cheng Hae  
 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: 08 days Res.: Yes or No  
 Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT

Veh No: SJK 824PX Yr Regn: 111 of  
 Type: Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
 Truck / Traller or \_\_\_\_\_  
 Make: Honda Civic c.c. 1595  
 Colour: N. Blue A/C: Insured / Std / NI / NA  
 Sp. Reading: 191939 T/Radio: Insured / Std / NI / NA  
 Eng/No: \_\_\_\_\_  
 C/No: JLTMFD 46 20.9.9 200 141  
 Gen. Cond: Good / Fair / Poor / Burnt  
 Steering: Inorder / Jammed / Leaked / Burnt or \_\_\_\_\_  
 Brake: Inorder / Jammed / Leaked / Burnt or \_\_\_\_\_  
 Mod: Nil / S/Rlm / STD / A/Rlm or \_\_\_\_\_  
 Tyre Size: F: 205/55R15  
 R: \_\_\_\_\_  
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
 TOYO / YOKO or Continental  
 Front R/Bal. 7 mm Rear R/Bal. 7 mm  
 L/Bal. 7 mm L/Bal. 7 mm  
 D.O.A. 17/8/19 D.O.I. 19/8/19  
 Survey held at \_\_\_\_\_  
 Des. of Damages: Frt / Rear / O/S / N/S / UIC / JUC / Rooftop or  
O/S FR & UIC

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
<u>19/8</u>	<u>File pass to EM not ready</u>

Date/Time, File Pass to?  : Prell. Report  
 : Final Report

Days Of Repair: \_\_\_\_\_  
 Resurvey No. of Trip: \_\_\_\_\_

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

Survey Fee: \_\_\_\_\_  
 Transportation: \_\_\_\_\_ \$ - R.S. \_\_\_\_\_ \$  
 Fixtures \_\_\_\_\_  
 Others \_\_\_\_\_  
 TOTAL \_\_\_\_\_

Report Format : \_\_\_\_\_  
 Lump Sum / I.B.I: (\$ \_\_\_\_\_)