

INS. CASE OWNER:

JIMMY FOO

CC6/AIG19014956/Uea3

LKK:

IDAC:

Surveyor:

MARCUS

DOI: 26/08/2019

Date / Time : 26/08/2019

Registered in Merimen: 26/08/2019

Pre-assign / CCU / FTE



Insured Vehicle No. : GBB 1549T

Claim No. : 3473859119SG

Name of Insured : UNITED PARCEL SERVICE SINGAPORE PTE LTD

Policy No. : 0999994156

Insured Tel No. : HP: 81339046

Make / Model : TOYOTA HIACE

Excess Sec II :S\$ D.O.A : 24/08/2019 16:40

Place of Accident : PIE AFTER SERANGOON FLYOVER

Is driver the owner? ( YES / NO ) Nature of Accident :

If NO, Driver Name / Age : YAN YUANYUAN

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : +65-82684604 (V/L: YES / NO)

Insured Liability : % Final ? Yes / No

SLE 414X

INSRS:  
WSP: FASTECH  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

| Date / Time | STAGE                               | DATE / PIC  |
|-------------|-------------------------------------|---|
| SLE 414X    | - NA/AIG19014946/h4; DOA: 24/8/19   |   |
| GBB 1549T   | - CC6/AIG19014537/Aeb3; DOA: 2/8/19 |   |
|             | Non-Reporting ltr (1st):            |   |
|             | 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>    | <b>Handler</b> <b>Typist</b>                      |
|             | Notification ltr (if non-pickup)    | <input type="checkbox"/> <input type="checkbox"/> |
|             | After call ltr to OI:               | <input type="checkbox"/> <input type="checkbox"/> |
|             | Authorisation To Act:               | <input type="checkbox"/> <input type="checkbox"/> |
|             | Release Voucher:                    | <input type="checkbox"/> <input type="checkbox"/> |
|             | Final Repair Bill:                  | <input type="checkbox"/> <input type="checkbox"/> |
|             | Car Rental Invoice:                 | <input type="checkbox"/> <input type="checkbox"/> |
|             | Towing Invoice                      | <input type="checkbox"/> <input type="checkbox"/> |
|             | LTA / GIA :                         | <input type="checkbox"/> <input type="checkbox"/> |
|             | Medical Bill:                       | <input type="checkbox"/> <input type="checkbox"/> |
|             | PIR:                                | <input type="checkbox"/> <input type="checkbox"/> |
|             | Mandate/Reject Instruction:         | <input type="checkbox"/> <input type="checkbox"/> |
|             | LOD                                 | <input type="checkbox"/> <input type="checkbox"/> |
|             | Payment Breakdown Form:             | <input type="checkbox"/> <input type="checkbox"/> |
|             | Post-Repair Photos:                 | <input type="checkbox"/> <input type="checkbox"/> |
|             | Others:                             | <input type="checkbox"/> <input type="checkbox"/> |

|   |            |                                    |
|---|------------|------------------------------------|
| <b>PRELIMINARY ADVICE</b>   | Date/Time: | Sent By:                           |
| <b>FINALIZATION</b>   | Date/Time: | Confirm with:                      |
| Repair Cost:  | S\$        | ( days) Reduction: %               |
|   |            | Confirm by:                        |
| <b>FINAL SETTLEMENT</b>   | Date/Time: | Confirm with:                      |
| Final Liability:  | %          | (Agreed / Assessed) BOLA S/N No. : |
| 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 <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one] |            |                                    |
| GIA/LTA Search  | S\$        |                                    |
| Medical:  | S\$        |                                    |
| Disbursement:   | S\$        | (e.g. Tow/ Independent )           |
| Legal Cost  | S\$        |                                    |
| <b>Total:</b>   | S\$        | <b>Global Sum S\$:</b>             |
| <b>FINAL PAYMENT</b>  | Date/Time: | Confirm with:                      |
| Payee 1:  | S\$        | Name 1:                            |
| Payee 2: (Strike if N.A.)   | S\$        | Name 2:                            |
| Payee 3: (Strike if N.A.)   | S\$        | Name 3:                            |

(08/11/13) wef

REF:

ASS. REC. BY: *marcus*

## 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:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

days Res.: Yes or No

Lum Sum:

% 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

Date / Time Action / Instruction

Veh No:

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

Truck / Trailer or

Make:

Colour

Sp. Reading

Eng/No:

C/No:

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

R:

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

TOYO / YOKO or

Front

R/Bal.

L/Bal.

D.O.A.

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, File Pass to?

☐ : Preli. Report☐ : Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:

☐ : Site Insp (\$ ) S + RS, SI  
☐ : Interview (\$ ) Photos  
☐ : Tech. Invs (\$ ) Others  
☐ : Weekend (\$ )

Report Format :

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

TOTAL