

Surveyor: **ADRIAN** DOI: **26/08/2019**

b

Date / Time : **26/08/2019**Registered in Merimen: **27/08/2019**

Pre-assign / CCU / FTE



Insured Vehicle No. : **SKB 5740Z**
 Name of Insured : **POPULAR RENT A CAR PTE LTD**
 Insured Tel No. : **HP: 31572626**
 Excess Sec II :\$
 Is driver the owner? (YES / NO) Nature of Accident :

Claim No. : **7606470787SG**
 Policy No. : **0999994044**
 Make / Model : **TOYOTA COROLLA ALTIS-1.6 CLASSIC (A)**
 Place of Accident : **BKE TWDS PIE CHANGI**

If NO, Driver Name / Age : **CHIN KUO KUANG (CHEN GUO GUANG)**
 Driver Tel No. : **+65-97722617** (V/L: YES / NO)

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
 Insured Liability : % **Final ? Yes / No**

SMF 1110Z



INSRS:
WSP: **MG SOLUTION**
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SMF 1110Z - X	SKB 5740Z - 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)	<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 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"/>
20/07/2020	SETTLED AND CLOSED			

PRELIMINARY ADVICE		Date/Time:	Sent By:	
FINALIZATION		Date/Time:	Confirm with:	Confirm by:
Repair Cost:	L/S	S\$ 3,450.00	(5 days) Reduction: 54.35 %	Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT		Date/Time: 17/07/2020	Confirm with: MS WONG	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Final Liability:	%	100	(Agreed / Assessed) BOLA S/N No. : 28	If NO or B 28, Ass. Lia : 0%
Repair Cost:	S\$	3,691.50		
Loss of Rental (LOR):	S\$	(days)		4 veh.c.c.; OID 2nd car
Loss of Use (LOU):	S\$	300.00 (\$ 60 x 5 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 + LOI <input type="checkbox"/> [Tick only one]		
GIA/LTA Search	S\$	7.45		
Medical:	S\$			1) Claim status: Normal/Reject/Private Settle
Disbursement:	S\$		(e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost	S\$			3) Survey fee: \$320.00
Total:	S\$	3,998.45	Global Sum S\$: 3,950.00	
FINAL PAYMENT		Date/Time:	Confirm with:	Email <input type="checkbox"/> Call <input type="checkbox"/>
Payee 1:	S\$	3,950.00	Name 1: MG SOLUTION PTE LTD	
Payee 2: (Strike if N.A.)	S\$		Name 2:	
Payee 3: (Strike if N.A.)	S\$		Name 3:	

ACC. REC. BY:

REF:

Adrian

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. _____

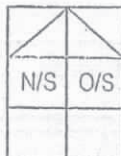
Claims No. _____

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

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

Veh No: smF1110Z Yr Regn: 2018 / NovType: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Kia Kanto. C.C. 1591Colour: Grey. A/C: Insured / Std / NI / NASp. Reading: 20372 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KNAF3416MK5020198Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 225/40R18.R: 225/40R18.BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal. 06 mm R/Bal. 06 mmL/Bal. 06 mm L/Bal. 06 mmD.O.A. _____ D.O.I. 26/08/19.Survey held at MG. Solution.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

TPA16

L/S = \$3,450.00

R = \$4,107.13 / 54.35%

mv:

pv:

Nett:

Date/Time, File Pass to?

Date/Time, File Return to?

Part Prices Check:

IN

OUT

Survey Fee:

Date:

Basic & Add.

S + RS, SI

Photos

Others

TOTAL

1)

3)

5)

Prel. Report:

Final Report:

2)

4)

6)