

CC6/QBE19015389/Ubb3q2

15/5/2010

INS. CASE OWNER:

LKK:

IDAC:

Surveyor: Martins DOI: 20/8/19 Date / Time: 20/8/19
 Registered in Merimen: 20/8/19

Pre-assign / CCU / FTE



Insured Vehicle No. : YN 6012 G Claim No. : VC012931
 Name of Insured : _____ Policy No. : _____
 Insured Tel No. : _____ HP: _____ Make / Model : _____
 Excess Sec II : \$S _____ D.O.A : 29/8/19 Place of Accident : _____
 Is driver the owner? (YES / NO) Nature of Accident : _____

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

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

Insured Liability : % Final ? Yes / No



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



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



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



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

Date/ Time	STAGE	DATE / PIC
<u>20/8/19</u>	Non-Reporting ltr (1st):	
<u>YN 6012 G - N/A (Insured's car) / 29/8/19</u>	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:	☐

01/07/2020 SETTLED AND CLOSED

PRELIMINARY ADVICE Date/Time: _____ Sent By: _____		Confirm by: _____	
FINALIZATION Date/Time: _____ Confirm with: _____		Email ☐ Call ☐	
Repair Cost: <u>L/S</u> \$S <u>8,200.00</u> (<u>6</u> days) Reduction: <u>67.36</u> %			
FINAL SETTLEMENT Date/Time: <u>19/06/2020</u> Confirm with: <u>SHI YING</u>		Email ☒ Call ☐	
Final Liability: % <u>80</u> (Agreed / Assessed) BOLA S/N No. : <u>NIL</u>	If NO or B 28, Ass. Lia :		
Repair Cost (W/GST) <u>8,774.00</u> \$S <u>7,019.20</u>			
Loss of Rental (LOR): \$S <u>—</u> (<u>—</u> days)	5 VEH C.C, 2ND-MALAYSIAN, 3RD-TP,		
Loss of Use (LOU): <u>900.00</u> \$S <u>720.00</u> (\$ <u>150</u> x <u>6</u> days)	4TH-NTUC, LAST-OLD		
Loss of Income (LOI): \$S <u>—</u> (\$ <u>—</u> x <u>—</u> days)			
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LO ☐ [Tick only one]			
GIA/LTA Search <u>2.00</u> \$S <u>1.60</u>			
Medical: \$S <u>—</u>	1) Claim status: Normal/Reject/Private Settle		
Disbursement: \$S <u>—</u>	2) Report Format: <u>TP</u>		
Legal Cost \$S <u>—</u>	3) Survey fee: <u>\$400.00</u>		
Total: \$S <u>7,740.80</u>	Global Sum \$S: <u>7,740.00</u>		
FINAL PAYMENT Date/Time: _____ Confirm with: _____		Email ☐ Call ☐	
Payee 1: \$S <u>7,740.00</u>	Name 1: <u>FASTECH AUTO PTE LTD</u>		
Payee 2: (Strike if N.A.) \$S <u>—</u>	Name 2: <u>—</u>		
Payee 3: (Strike if N.A.) \$S <u>—</u>	Name 3: <u>—</u>		

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

Date / Time Action / Instruction

have G.A. 15/5/2011 MA 7756
not 89244Veh No: YM3541X Yr Regn: 5.06

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

Truck / Trailer or (M)

Make:

Isuzu NPR 71L c.c. 4570

Colour:

white

A/C: Insured / Std / NI / NA

Sp. Reading:

860964

T/Radio: Insured / Std / NI / NA

Eng/No:

JAANPR71L67102561

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

Rear

R/Bal.

R/Bal.

L/Bal.

L/Bal.

D.O.A.

D.O.I.

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

1)



: Final Report

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