

15/5/2010

INS. CASE OWNER:

CC 4/AIG1901 6012, A 463

LKK:
IDAC:

Surveyor: Adrian

DOI: 10/1/19

Date / Time : 10/1/19

Registered in Merimen: 10/1/19

Pre-assign / CCU / FTE



Insured Vehicle No. : SMD 8692A

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :SS _____ D.O.A : 7/1/19

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**

SKU 5256E

SMD 8692A

8KB5169Z



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS: 01



INSRS:
WSP: STK
Tel :
Liability : TP
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC	
<u>SKU 5256E</u> → <u>SMD 8692A</u> → <u>8KB5169Z</u>	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"/>	<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"/>	

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\$ _____

Disbursement: S\$ _____ (e.g. Tow/ Independent)

Legal Cost S\$ _____

1) Claim status: Normal/Reject/Private Settle

2) Report Format: _____

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: _____

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
QD / 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: _____

N/S	O/S

(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: SK35169Z Yr Regn: 2008, Sept
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or

Make: Lexus IS250 C.C. 2500
 Colour: White A/C: Insured / Std / NI / NA
 Sp. Reading: 243989 T/Radio: Insured / Std / NI / NA

Eng/No: _____
 C/No: JTH3K262705087808

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Order / Jammed / Leaked / Burnt or

Brake: Order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 245/45 R17
 R: 245/45 R17

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Newton

<u>Front</u>		<u>Rear</u>
R/Bal. <u>06</u> mm		R/Bal. <u>06</u> mm
L/Bal. <u>06</u> mm		L/Bal. <u>06</u> mm
D.O.A. _____		D.O.I. <u>10/09/19</u>

Survey held at STK
 Des. of Damages: Frt / Rea / O/S / N/S / U/C / Rooftop or

The U/C / Chassis frame / Body Structure affected due to collision

Date / Time	Action / Instruction
	<u>TP Alg.</u>
	<u>COE Expiry: 28/09/28</u>
	<u>MV:</u>
	<u>PV:</u>
	<u>Nett:</u>

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

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Date/Time, File Return to? _____

Transportation: _____

2) _____

Add Fee: : Site Insp (\$ _____)

S + FS. SI _____

: Interview (\$ _____)

Photos _____

: Tech. Invs (\$ _____)

Others _____

: Weekend (\$ _____)

TOTAL

Report Format: _____

Lump Sum / L.B.I. \$ _____