

15/5/2010

CC6/CTI19016582/Abb3

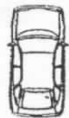
LKK:

INS. CASE OWNER:

IDAC:

Surveyor: Adrian DOI: 18/1/19 Date / Time: 18/1/19
 Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : SLC 6698X Claim No. :
 Name of Insured : Policy No. :
 Insured Tel No. : HP: Make / Model :
 Excess Sec II : \$ D.O.A : 18/1/19 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

SLM 6671R

INSRS:
WSP: SW WERKZ
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE/ PIC
<u>SLM 6671R - K</u>	Non-Reporting ltr (1st):	
<u>SLC 6698X - K</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:	☐ ☐
SETTLED AND CLOSED		

PRELIMINARY ADVICE Date/Time: <u> </u> Sent By: <u> </u>		Post-Repair Photos: ☐ ☐	
Others: ☐ ☐		Others: ☐ ☐	
FINALIZATION Date/Time: <u> </u> Confirm with: <u> </u> Confirm by: <u> </u>		Email ☐ Call ☐	
Repair Cost: <u>L/S</u> S\$ <u>1,750.00</u> (<u>2</u> days) Reduction: <u>19.87</u> %	Email ☒ Call ☐		
FINAL SETTLEMENT Date/Time: <u>22/05/2020</u> Confirm with: <u>Chris Chan Pick Yuen</u>		Email ☒ Call ☐	
Final Liability: % <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>27</u>	If NO or B 28, Ass. Lia : <u> </u>		
Repair Cost: S\$ <u>1,750.00</u>	OI rear-ended TP		
Loss of Rental (LOR): S\$ <u>400.00</u> (<u>4</u> days) X \$100.00			
Loss of Use (LOU): S\$ <u> </u> (\$ x days)			
Loss of Income (LOI): S\$ <u> </u> (\$ x days)			
LOR only ☒ LOU only ☐ LOR + LOU ☐ [Tick only one]			
GIA/LTA Search S\$ <u>7.45</u>			
Medical: S\$ <u> </u>	1) Claim status: Normal/Reject/Private Settle		
Disbursement: S\$ <u> </u> (e.g. Tow/ Independent)	2) Report Format: <u>TP</u>		
Legal Cost S\$ <u> </u>	3) Survey fee: <u>\$400.00</u>		
Total: S\$ <u>2,157.45</u>	Global Sum S\$: <u> </u>		
FINAL PAYMENT Date/Time: <u> </u> Confirm with: <u> </u>		Email ☐ Call ☐	
Payee 1: S\$ <u>2,157.45</u>	Name 1: <u>SW WERKZ 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>		

ASS. REC. BY:

REF:

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.

N/S	O/S

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:

Veh No:

SKM6631R.

yr Regn:

2014 March.

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

Truck / Trailer or

Make:

Audi A3.

C.O. 1395

Colour:

Silver.

A/C: Insured / Std / NI / NA

Sp. Reading

59119.

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

WAU2228VIE1023030

Gen. Cond: ☒ Good / Fair / Poor / BurntSteering: ☒ In order / Jammed / Leaked / Burnt orBrake: ☒ In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

205/55R16.

R:

205/55R16.

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

TOYO / YOKO or

Front

Rear

R/Bal.

06

mm

R/Bal.

06

mm

L/Bal.

06

mm

L/Bal.

06

mm

D.O.A.

D.O.I.

18/09/19.

Survey held at

SW Werkz.

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

TP China.

MV:

PV:

Nett:

1801

Date/Time, File Pass to?

☐

: Preli. Report

1)

Date/Time, File Return to?

☐

: Final Report

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

B + P8 31

Fines:

Others:

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Insp (\$

☐

: Weekend (\$

Report Format:

Lump Sum / A/B/C/D