

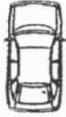
15/5/2010 Norsiah bte Md Noor  
INS. CASE OWNER:

CC 4/AIG1901 7815, Fhb3

LKK:  
IDAC:

Surveyor: ksc DOI: alw/ln Date / Time: alw/ln  
Registered in Merimen: alw/ln

Pre-assign / CCU / FTE



Insured Vehicle No. : SJK 2008C Claim No. : 8110568860SG003  
Name of Insured : \_\_\_\_\_ Policy No. : \_\_\_\_\_  
Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_ Make / Model : \_\_\_\_\_  
Excess Sec II : \$\$ \_\_\_\_\_ D.O.A. : 5/10/19 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

SLT 3421B



INSRS: Estem  
WSP: performance  
Tel : \_\_\_\_\_  
Liability : \_\_\_\_\_  
RMKS: \_\_\_\_\_



INSRS: \_\_\_\_\_  
WSP: \_\_\_\_\_  
Tel : \_\_\_\_\_  
Liability : \_\_\_\_\_  
RMKS: \_\_\_\_\_



INSRS: \_\_\_\_\_  
WSP: \_\_\_\_\_  
Tel : \_\_\_\_\_  
Liability : \_\_\_\_\_  
RMKS: \_\_\_\_\_



INSRS: \_\_\_\_\_  
WSP: \_\_\_\_\_  
Tel : \_\_\_\_\_  
Liability : \_\_\_\_\_  
RMKS: \_\_\_\_\_

Date / Time	STAGE	DATE / PIC
<u>SLT 3421B-X</u>		<u>SJK 2008C-X</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:	
	<b>Documentation Check List:</b> Handler Typist	
	Notification ltr (if non-pickup)	<input type="checkbox"/> <input type="checkbox"/>
	After call ltr to OI:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Authorisation To Act:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Release Voucher:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Final Repair Bill:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Car Rental Invoice:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
	LTA / GIA :	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
	PIR:	<input type="checkbox"/> <input type="checkbox"/>
	Mandate/Reject Instruction:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	LOD	<input checked="" 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>SETTLED AND CLOSED</b>	

<b>PRELIMINARY ADVICE</b>	Date/Time:	Sent By:	Confirm by:
<b>FINALIZATION</b>	Date/Time:	Confirm with:	Confirm by:
Repair Cost: P/P	\$S 1,613.78 ( 4 days)	Reduction: 33.47 %	Email <input type="checkbox"/> Call <input type="checkbox"/>
<b>FINAL SETTLEMENT</b>	Date/Time: <u>29/04/2020</u>	Confirm with: <u>CARMEN</u>	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Final Liability:	% <u>100</u> (Agreed / Assessed)	BOLA S/N No. : <u>15</u>	If NO or B 28, Ass. Lia :
Repair Cost: (W/GST)	\$S 1,726.74		<b>OI CHANGED LANE</b>
Loss of Rental (LOR):	\$S 371.94 ( 6 days)	X \$61.99	
Loss of Use (LOU):	\$S - (\$ x days)		
Loss of Income (LOI):	\$S - (\$ x days)		
LOR only <input checked="" type="checkbox"/> LOU only <input type="checkbox"/>	<input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LO <input type="checkbox"/>	[Tick only one]	
GIA/LTA Search	\$S 7.48		
Medical:	\$S -		1) Claim status: Normal/Reject/Private Settle
Disbursement:	\$S - (e.g. Tow/Independent)		2) Report Format: <u>TP</u>
Legal Cost	\$S -		3) Survey fee: <u>\$320.00</u>
<b>Total:</b>	\$S 2,106.16	Global Sum \$S: -	
<b>FINAL PAYMENT</b>	Date/Time:	Confirm with:	Email <input type="checkbox"/> Call <input type="checkbox"/>
Payee 1:	\$S 2,106.16	Name 1: <u>ESTEEM PERFORMANCE PTE LTD</u>	
Payee 2: (Strike if N.A.)	\$S -	Name 2: -	
Payee 3: (Strike if N.A.)	\$S -	Name 3: -	

REF: **AIG**

ASS. REC. BY:

**ASSIGNMENT**

From: \_\_\_\_\_ Date: **9.10.2019**

Veh No: **SLT 3421B** Yr Regn: **10, 17**

Estimated Cost: \_\_\_\_\_

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

Truck / Trailer or \_\_\_\_\_

OD  TP / WS / TP RES / OD RES / EVA / INV / MV

Make: **Toy Pro** c.c. **1798**

To Inspect Vehicle No: **SLT 3421B**

Colour: **N. Silver** A/C: **Insured / Std / NI / NA**

at Workshop m/s **Estium Performance**  
of **385 Sin Ming Drive**

Sp. Reading: **202190** T/Radio: **Insured / Std / NI / NA**

Insured: \_\_\_\_\_

Eng/No: \_\_\_\_\_

Policy No. \_\_\_\_\_

C/No: **JTDKB3FU603574826**

Claims No. \_\_\_\_\_

Gen. Cond:  Good / Fair / Poor / Burnt

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

Steering:  In order / Jammed / Leaked / Burnt or \_\_\_\_\_

(Client's Record)

Brake:  In order / Jammed / Leaked / Burnt or \_\_\_\_\_

Make of Veh: \_\_\_\_\_

Modi: **Nil / S/Rim / STD A/Rim** or \_\_\_\_\_

(Policy Condition)

Tyre Size: F: **195/65R15**

Remark: **The veh had commenced its repair at the time of inspection.**

N/S	O/S

R: \_\_\_\_\_

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

TOYO /  YOKO or \_\_\_\_\_

Bal. or Market Value: \_\_\_\_\_

Front

Rear

IDAC Accident Rpt: \_\_\_\_\_ Consistent? : Yes or No

R/Bal. **2** mm

R/Bal. **3** mm

GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No

L/Bal. **2** mm

L/Bal. **3** mm

Est. Repairs: **04** days Res.: Yes or No

D.O.A. **5/10/19**

D.O.I. **9/10/19**

Lum Sum: **1.81** % 3 Val.: Yes or No

Survey held at

CA / REV / REP. / 24 HRS **my**

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

**O/S Frt**

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

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

Date / Time Action / Instruction

P/P = 1613.78

R = 3207.37 / 33.47%

Date/Time, File Pass to?

: Preli. Report

Days Of Repair: \_\_\_\_\_

1)

: Final Report

Resurvey No. of Trip: \_\_\_\_\_

Date/Time, File Return to?

Survey Fee:

2)

Add Fee:  : Site Insp (\$ \_\_\_\_\_)

Transportation:

: Interview (\$ \_\_\_\_\_)

S + RS. SI

: Tech. Invs (\$ \_\_\_\_\_)

Photos

: Weekend (\$ \_\_\_\_\_)

Others

Report Format: \_\_\_\_\_

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

TOTAL