

CC3/CTI19018376/K1ba3q2

15/5/2010

LKK:

INS. CASE OWNER:

IDAC:

Surveyor: Kalun. DOI: 16/10/19 Date / Time: 16/10/19
 Registered in Merimen: —

Pre-assign / CCU / FTE

Insured Vehicle No. : SLS 6950BClaim No. : SNM19D204934Name of Insured : —Policy No. : —Insured Tel No. : — HP: —Make / Model : —Excess Sec II : \$ — D.O.A : 16/10/19Place 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

SLS 6950B → — → — → — → —


 INSRS:
 WSP: PREMIER
 Tel : —
 Liability : —
 RMKS: —

 INSRS:
 WSP: —
 Tel : —
 Liability : —
 RMKS: —

 INSRS:
 WSP: —
 Tel : —
 Liability : —
 RMKS: —

 INSRS:
 WSP: —
 Tel : —
 Liability : —
 RMKS: —

Date/ Time	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 checked="" 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 checked="" type="checkbox"/>
	Towing Invoice	<input checked="" 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"/>

07/08/2020 SETTLED AND CLOSED

PRELIMINARY ADVICE Date/Time: <u>—</u> Sent By: <u>—</u>		Confirm by: <u>—</u>	
FINALIZATION	Date/Time: <u>—</u>	Confirm with: <u>—</u>	Email <input type="checkbox"/> Call <input type="checkbox"/>
Repair Cost: P/P	\$560.00	(2 days) Reduction: 62 %	
FINAL SETTLEMENT	Date/Time: 29/06/2020	Confirm with: SHAFAWATI	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 23	If NO or B 28, Ass. Lia :
Repair Cost: (W/GST)	\$599.20		
Loss of Rental (LOR):	\$300.51	(3 days) X \$100.17	OI HIT PARKED TP
Loss of Use (LOU):	\$50	x 3 days	WHILE PARKING
Loss of Income (LOI):	\$150.00	x 3 days	
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input checked="" type="checkbox"/>		(Tick only one)	
GIA/LTA Search	\$2.00		
Medical:	\$		1) Claim status: Normal/Reject/Private Settle
Disbursement:	\$	(e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost	\$		3) Survey fee: \$400.00
Total:	\$1,051.71	Global Sum \$:	
FINAL PAYMENT	Date/Time: <u>—</u>	Confirm with: <u>—</u>	Email <input type="checkbox"/> Call <input type="checkbox"/>
Payee 1:	\$1,051.71	Name 1: PREMIER AUTOMOTIVE SERVICES PTE LTD	
Payee 2: (Strike if N.A.)	\$	Name 2:	
Payee 3: (Strike if N.A.)	\$	Name 3:	

(08/11/13)

Surveyor: Kavin

REF:

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspected 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

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SHD 1020 Y Yr Regn: 15 Jan, 2016Type: M.Car / M.Cycle / Bus / Van / Lorry / ~~Truck~~ Prime Mover /

Truck / Traller or

Make: KIA optima c.c. 1600Colour: Silver A/C: Insured / Std / NI / NASp. Reading: 625372 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KN A 6 M M 1 4 M F 5 6 8 4 7 4Gen. Cond: Good / ~~Fair~~ / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size; F: 205/65 R16

R: _____

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

TOYO / YOKO or Achilles

Front _____ Rear _____

R/Bal. 7 mm R/Bal. 7 mmL/Bal. 7 mm L/Bal. 7 mmD.O.A. 15/10/19 D.O.I. 16/10/19Survey held at Police

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
	CTZ
	41

Date/Time, File Pass to?

☐ : Prell. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

____ \$ + RS, ____ SI

Photos

Others

TOTAL

Report Format: _____

Lump Sum / I.B.I. (\$ _____)