

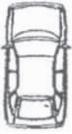
INS. CASE OWNER:

CC4/LPC19019159/Gha3

LKK:
IDAC:

Surveyor: XGQ DOI: 31/10/2019 Date / Time : 30/10/2019
Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SBL 1181S Claim No. : 19/19/19/VP05/022575
Name of Insured : _____ Policy No. : _____
Insured Tel No. : _____ HP: _____ Make / Model : _____
Excess Sec II :S\$ _____ D.O.A : 27/10/2019 Place of Accident : BLK 108 HOUGANG AVE 1 OPEN C/P
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

SLC 752E



INSRS:
WSP: THIAM HENG
Tel: HUAT PTE LTD
Liability :
RMKS:



INSRS:
WSP:
Tel:
Liability :
RMKS:



INSRS:
WSP:
Tel:
Liability :
RMKS:



INSRS:
WSP:
Tel:
Liability :
RMKS:

Date/ Time	SLC 752E - X	SBL 1181S - X	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 type="checkbox"/>
			After call ltr to OI:	<input type="checkbox"/>
			Authorisation To Act:	<input type="checkbox"/>
			Release Voucher:	<input type="checkbox"/>
			Final Repair Bill:	<input type="checkbox"/>
			Car Rental Invoice:	<input type="checkbox"/>
			Towing Invoice	<input type="checkbox"/>
			LTA / GIA :	<input type="checkbox"/>
			Medical Bill:	<input type="checkbox"/>
			PIR:	<input type="checkbox"/>
			Mandate/Reject Instruction:	<input type="checkbox"/>
			LOD	<input type="checkbox"/>
			Payment Breakdown Form:	<input type="checkbox"/>
PRELIMINARY ADVICE	Date/Time:	Sent By:	Post-Repair Photos:	<input type="checkbox"/>
			Others:	<input type="checkbox"/>
FINALIZATION	Date/Time:	Confirm with:	Confirm by:	
Repair Cost:	S\$	(days) Reduction: %	Email <input type="checkbox"/>	Call <input type="checkbox"/>
FINAL SETTLEMENT	Date/Time:	Confirm with	Email <input type="checkbox"/>	Call <input type="checkbox"/>
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 <input type="checkbox"/>	LOU only <input type="checkbox"/>	LOR + LOU <input type="checkbox"/>	LOR + LOI <input type="checkbox"/>	[Tick only one]
GIA/LTA Search	S\$			
Medical:	S\$		1) Claim status: Normal/Reject/Private Settle	
Disbursement:	S\$	(e.g. Tow/ Independent)	2) Report Format:	
Legal Cost	S\$		3) Survey fee:	
Total:	S\$	Global Sum S\$:		
FINAL PAYMENT	Date/Time:	Confirm with:	Email <input type="checkbox"/>	Call <input type="checkbox"/>
Payee 1:	S\$	Name 1:		
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		

ASS. REC. BY:

REF: CS/LPC/19019159/G f3

Special Instruction:

Survivor: GA ASSIGNMENT (Office)

From (Person): Gerald Poh wee Bin of LPE Date/Time: 30.10.19 1.24p.m

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SLC 752E Insured: SBL 11815

at Workshop m/s Thiam Hong Huat Tel: 82636295

of 176 on ming drive #05-14

Policy No: Claim No: 19/19/19/VP05/022575

Sum Insured: Excess:

Make of Veh: D.O.A. 27.10.2019 (Client's Record)

CA / REV / REP. / REV 24 HRS H.O.D. Endorsement:

Date/Time: 30.10.19 1.24p.m Person Contacted: Steven Vehicle: IN/OUT

Date/Time	Action/Instruction (✓) Estimate
	SLC 752E - X
	SBL 11815 - X
04/11/19 @ 9.12am	Checked with Steven, he agreed to do 'DS'.

ASS. REC. BY: ful.

REF: LPC

ASSIGNMENT

From: _____ Date: 31.10.2019

Estimated Cost: _____

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

To Inspect Vehicle No: SLC 752E

at Workshop m/s Thiam Hong Huat

of 176 sin ming Drive #0514

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 _____

"up"

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SLC752E Yr Regn: 1

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

Make: Toyota Sienta 1.5G c.c 1496

Colour: Blue A/C: Insured / Std / NI / NA

Sp. Reading: 79036 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: NSP17070098.25

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. 6 mm R/Bal. 6 mm

L/Bal. 6 mm L/Bal. 6 mm

D.O.A. _____ D.O.I. 31-10-19

Survey held at w/s 12330

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
<u>31/10</u>	<u>Estimate give later.</u>

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

1) : Final Report

Date/Time, File Return to?

2) _____

Rep. Format: _____

Lump Sum / T.P. / C: _____

Days Of Repair: _____

Resurvey No. of Trip: _____

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

Survey Fee:	_____
Transportation:	_____
S + RS. SI	_____
Photos	_____
Others	_____
TOTAL	_____