

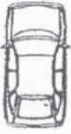
INS. CASE OWNER: **Bernard Ler****CC6/AIG19019376/Ada3**

LKK:

IDAC:

Surveyor: **ADRIAN**DOI: **25.10.2019**Date / Time : **25.10.2019**Registered in Merimen: **03.11.2019**

Pre-assign / CCU / FTE

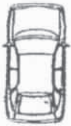


Insured Vehicle No. : **SKQ 9281B**
 Name of Insured : **CLARENCE CHOONG WYE MUN**
 Insured Tel No. : _____ HP: _____
Excess Sec II :S\$ _____ D.O.A : **24/10/2019 12:30**
 Is driver the owner? (YES / NO) Nature of Accident : _____

Claim No. : _____
 Policy No. : **1800116011**
 Make / Model : **MITSUBISHI ECLIPSE CROSS-1.5 CVT**
 Place of Accident : **STILL ROAD / MARINE PARADE ROAD**

If NO, Driver Name / Age : **BOEY AH NYA**Driver Tel No. : **+65-96735028** (V/L: YES / NO)

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % **Final ? Yes / No****SMM 1748Y**

INSRS:
WSP: **GREEN FOREST**
Tel : _____
Liability : _____
RMKS: _____



INSRS:
WSP: _____
Tel : _____
Liability : _____
RMKS: _____



INSRS:
WSP: _____
Tel : _____
Liability : _____
RMKS: _____



INSRS:
WSP: _____
Tel : _____
Liability : _____
RMKS: _____

Date/ Time	SMM 1748Y - X	SKQ 9281B - 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)	☐
			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:	☐

PRELIMINARY ADVICE		Date/Time:	Sent By:	Post-Repair Photos:	☐	☐
				Others:	☐	☐
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 + LOI ☐	[Tick only one]		
GIA/LTA Search	S\$					
Medical:	S\$					
Disbursement:	S\$	(e.g. Tow/ Independent)			1) Claim status: Normal/Reject/Private Settle	
Legal Cost	S\$				2) Report Format:	
Total:	S\$	Global Sum S\$:			3) Survey fee:	
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:				

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: SCMM1748Y Yr Regn: 2019 / June
Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or Motor

Make: Honda Grace Hybrid. C.C. 1496

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

Sp. Reading 59061 T/Radio: Insured / Std / NI / NA

Eng/No: _____
C/No: GM41207844

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: 185/60R15

R: 185/60R15

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
P.O.A.			P.O.I.	25/10/18	

*Survey held at Green Forest!

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
	TP AIG.
	MV :
	PV :
	Nett:

Date/Time, File Pass to?

☐: Prelim. Report

1) $\frac{d}{dt} \left(\frac{\partial L}{\partial \dot{x}} \right) = \frac{\partial L}{\partial x}$

☐ : Final Report

Date/Time, File Return to?

Report Format :

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

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp (\$

☐ Interview (\$

: Tech. Invs (\$)

☐ Weekend (\$)

Survey Fee:

Transportation:

Photos

Others

TOTAL