

15/5/2010

INS. CASE OWNER:

CC 3/AIG1901

4474, Feb

LKK:

IDAC:

Surveyor:

Kinneth.

DOI:

11/1/19

Date / Time :

11/1/19

Registered in Merimen:

4/4/19.

Pre-assign / CCU / FTE



Insured Vehicle No. :

smg 41735-

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :S\$

D.O.A :

30/10/19.

Place of Accident :

Is driver the owner?

(YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

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

Insured Liability :

%

Final ? Yes / No

SMC 5483x



INSRS:

WSP:

Tel :

Liability :

RMKS:

Trans
Cub.

INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time	STAGE	DATE / PIC
CHC 5483x - 11/1/19	Non-Reporting ltr (1st):	
SMC 5483x - x	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:	Confirm by:
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 + LO ☐ [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:	

ASS. REC. BY:

REF: ALG /Kenneth

ASSIGNMENT

From: _____

Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MY

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.

Bal. or Market Value: _____

IDAC Accident Rpt: _____

Consistent? : Yes or No

GIA / PR Seen: _____

Consistent? : Yes or No

Est. Repairs: _____

02 days

Res.: Yes or No

Lum Sum: _____

20 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____

Person Contacted: _____

Vehicle: IN / OUT

Date / Time

Action / Instruction

File pass toL1 Rep & 22501

Date/Time, File Pass to?

☐

: Prell. Report

1)

Date/Time, File Return to?

☐

: Final Report

2)

Report Format :

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

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐

: Site Insp (\$ _____)

☐

: Interview (\$ _____)

☐

Tech Invs (\$ _____)

☐

Weekend (\$ _____)

Survey Fee:

Transportation:

S - RS - SI

Fees

Others

TOTAL

Veh No: SHC 5483XYr Regn: 07, 14

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

Truck / Traller or

Make: Merault Latitude

c.c

1985Colour: N. White / Red

A/C:

Insured / Std / NI / NA

Sp. Reading: 96190P

T/Radio:

Insured / Std / NI / NA

Eng/No: _____

C/No: VI-1ABL 15AUC 277525Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModl: Nil / S/Rlm / STD A/Rlm or

Tyre Size: F: _____

R: _____

215/60R16BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or Giti

Front

R/Bal. 9 mm

Rear

R/Bal. 8 mmL/Bal. 9 mmL/Bal. 8 mmD.O.A. 30/10/19D.O.I. 1/11/19

Survey held at _____

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

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