

Surveyor: RASUL DOI: 25/11/2019 Date / Time : 25.11.2019
Registered in Merimen: 26.11.2019

Pre-assign / CCU / FTE



Insured Vehicle No. : SJJ 1777P
Name of Insured : NG LAY YIAN YVONNE
Insured Tel No. : _____ HP: +65-92211177
Excess Sec II :S\$ _____ D.O.A : 23/11/2019 13:15
Is driver the owner? (YES / NO) Nature of Accident : _____

Claim No. : _____
Policy No. : 1900163213
Make / Model : MERCEDES-BENZ GLA 200
Place of Accident : JURONG EAST INTERCHANGE
JURONG GATEWAY EXIT

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

SBS 3420C



INSRS:
WSP: TOWER
Tel : TRANSIT
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SBS3420C - CS/EGI19020782/R1td3; DOA: 21.11.19	Non-Reporting ltr (1st):	
	SJJ 1777P - 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)	<input type="checkbox"/> <input type="checkbox"/>
		After call ltr to OI:	<input type="checkbox"/> <input type="checkbox"/>
		Authorisation To Act:	<input type="checkbox"/> <input type="checkbox"/>
		Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
		Final Repair Bill:	<input type="checkbox"/> <input type="checkbox"/>
		Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
		Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
		LTA / GIA :	<input type="checkbox"/> <input type="checkbox"/>
		Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
		PIR:	<input type="checkbox"/> <input type="checkbox"/>
		Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
		LOD	<input type="checkbox"/> <input type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
PRELIMINARY ADVICE	Date/Time: _____ Sent By: _____	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
		Others:	<input type="checkbox"/> <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: Paran

REF: AIG

2014/11h

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: _____

Veh No: SBS 3420C Yr Regn: 2014 / OCT

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

Make: VOLVO B9TL 9.4LA c.c. 9364

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

Sp. Reading: 394307 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: 4V3S4PG27EA168232

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modi: Nil / S/R / STD A/Rim or _____

Tyre Size: F: 275/0R22.5
R: 2

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or _____

Front	Rear
R/Bal. <u>8</u> mm	R/Bal. <u>8/8</u> mm
L/Bal. <u>8</u> mm	L/Bal. <u>8/8</u> mm
D.O.A. <u>23/11/19</u>	D.O.I. <u>25/11/19</u>

Survey held at TOWER TRANSIT

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

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

N/S	O/S

(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: _____ days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Date / Time	Action / Instruction

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

1) : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Date/Time, File Return to? _____

2) _____

Report Format: _____

Lump Sum / U/C: _____

Add Fee: : Site Insp (\$ _____)

: Interview (\$ _____)

: Tech. Insp (\$ _____)

: Meet end (\$ _____)

Survey Fee:	_____
Transportation:	_____
_____ + PS _____	_____
Photos	_____
Others:	_____

TOTAL	_____