

15/5/2016

INS. CASE OWNER:

CC 6 / AIG1902 / 1774, A

rs3

LKK:

IDAC:

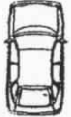
Surveyor:

DOI:

Date / Time :

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

Name of Insured :

Insured Tel No. :

Excess Sec II : \$

Is driver the owner?

(YES / NO)

HP:

D.O.A :

Nature of Accident :

Claim No. :

Policy No. :

Make / Model :

Place of Accident :

If NO, Driver Name / Age :

Driver Tel No. :

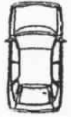
(V/L: YES / NO)

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

Insured Liability :

%

Final ? Yes / No


 INSRs:
WSP:
Tel :
Liability :
RMKS:

 Best
Solution

 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)

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:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost: L/SUM \$S 6,000.00

(6 days) Reduction: 71 %

Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 15/3/2021 Confirm with CUI PING

Email ☒ Call ☐

Final Liability: % 50 (Agreed / Assessed) BOLA S/N No. : NIL

If NO or B 28, Ass. Lia :

Repair Cost: 6000.00 \$S 3000.00

Loss of Rental (LOR): 2772 \$S 1,386.00 (14 days) x \$198.00

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 7.45

Medical: \$S

Disbursement: \$S (e.g. Tow/ Independent)

Legal Cost \$S

1) Claim status: Normal/ ~~Reject/ Private Settlement~~

2) Report Format: TP

3) Survey fee: 320.00

Total: \$S 4,393.45

Global Sum \$S: 4,800.00 (AS PER AIG MANDATE)

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☐ Call ☐

Payee 1: \$S 4,800.00

Name 1: BEST SOLUTION AUTOCARE PTE LTD

Payee 2: (Strike if N.A.) \$S

Name 2:

Payee 3: (Strike if N.A.) \$S

Name 3:

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

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SLL7417E Yr Regn: 2007 Sept
 Type: M.Cycle / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Toyota Estima C.C. 2362.
 Colour: Red. A/C: Insured / Std / NI / NA
 Sp. Reading: 261417. T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: ACR500040720
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Modi: Nil / B/Rim / STD A/Rim or
 Tyre Size: F: 215/55R17.
 R: 215/55R17.

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

TOYO / YOKO or

Ling Long.

Front

Rear

R/Bal. 06 mmR/Bal. 06 mmL/Bal. 06 mmL/Bal. 06 mm

D.O.A.

D.O.I. 04/12/19.

Survey held at

Best Solution.Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

TP ALG.COE Expiry: 13/09/27MV: 58kPV: 39.2kNett: 18.8k

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:

☐

: Site Insp (\$)

☐

: Interview (\$)

☐

: Tech. Insp (\$)

☐

: Weekend (\$)

Survey Fee:

Transportation:

) \$ + PS \$

) Photo:

) Other:

TOTAL

Report Format: _____

Lump Sum / LE: _____