

INS. CASE OWNER:

CC 6 / III 190 n h a d , U g h b

LKK:

IDAC:

Surveyor:

m n e u s

DOI:

14/14/14

Date / Time :

14/14/14

Registered in Merimen:

14/14/14

Pre-assign / CCU / FTE



Insured Vehicle No. : SLU 3179X

Claim No. : \_\_\_\_\_

Name of Insured : \_\_\_\_\_

Policy No. : \_\_\_\_\_

Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_

Make / Model : \_\_\_\_\_

Excess Sec II : S\$

D.O.A : 14/14/14

Place of Accident : \_\_\_\_\_

Is driver the owner? ( YES / NO )

Nature of Accident : \_\_\_\_\_

If NO, Driver Name / Age :

Driver Tel No. :

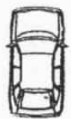
(V/L: YES / NO )

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

Insured Liability : %

Final ? Yes / No

SJR 3679A



INSRS:

WSP:

Tel :

Liability :

RMKS:

Wob motor



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

| Date/ Time                                                                                                                                               | STAGE                                    | DATE / PIC                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|--------------------------------------------------------------|
| SJR 3679A - 2                                                                                                                                            | 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:                                                                                                                                  |                                          |                                                              |
| PRELIMINARY ADVICE Date/Time:                                                                                                                            | Sent By:                                 | Post-Repair Photos:                                          |
|                                                                                                                                                          |                                          | Others:                                                      |
| 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 + LO <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:                                  |                                                              |

(08/11/13) wef

ASS. REC. BY: *Marcus*

REF:

111 /  
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.

Bal. or Market Value:

IDAC Accident Report:

GIA / PR Seen:

Est. Repairs:

Lum Sum:

25500

Consistent? : Yes or No

Consistent? : Yes or No

days Res.: Yes or No

% 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time Action / Instruction

Coe 31-8-2024 LTA 1245 / 4955ml.  
net 13049

Veh No:

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

Truck / Trailer or

Make:

Colour:

Sp. Reading

Eng/No:

C/No:

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

R/Bal.

L/Bal.

D.O.A.

Survey held at

Rear

R/Bal.

L/Bal.

D.O.I.

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, File Pass to?

☐

: Preli. Report

1)

Date/Time, File Return to?

☐

: Final Report

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

) S + RS. SI

) Photos

) Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Report Format :

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

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