

15/5/2010

INS. CASE OWNER:

KC

CC 4 / ASM190 22187, A p63

LKK:

IDAC:

Surveyor:

J. L. L. L.

DOI:

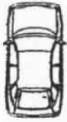
J. L. L. L.

Date / Time :

15/11/19.

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

SFN 7007T

Claim No. :

5100000001 15/11/16

Name of Insured :

FOONKY KENDY KINT KENWETH

Policy No. :

GAU56610

Insured Tel No. :

HP:

Make / Model :

KINOH

Excess Sec II :S\$

D.O.A :

15/11/19.

Place of Accident :

MPPRKT BRUD

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

SFN 6377U.

INSRS:
WSP:
Tel :
Liability :
RMKS:Huh
meng.INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
SFN 6377U.	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:	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:

ASM (AxA)

ASSIGNMENT

From:

Date:

17.12.2019

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

SKN 6377U

at Workshop m/s

Hua meng spray painting

of 1 Kati Buri + Br 6 Bk C #01-34 / #01-61

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 Report: 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

mp

Vehicle: IN / OUT

Date: Person Contacted:

Veh No:

SKN6377U

Yr Regn:

2014 / July

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

Truck / Trailer or

Make:

Honda Odyssey

C.C

2356

Colour

Grey

A/C: Insured / Std / NI / NA

Sp. Reading

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

JHMR C1890EC 2020 T1

Gen. Cond: ☒ Good / Fair / Poor / BurntSteering: ☒ In order / Jammed / Leaked / Burnt orBrake: ☒ In order / Jammed / Leaked / Burnt or

Modi: Nil / S/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

Front

Rear

R/Bal. ob mmR/Bal. ob mmL/Bal. ob mmL/Bal. ob mm

D.O.A.

D.O.I. 17/12/19.

Survey held at

Hua meng

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 AxA.

MV : 79K

PV : 54.7K

Nett : 19.3K

Date/Time, File Pass to?

☐

Preli. Report

1)

☐

Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$

S + RS, SI

Photos

Others

TOTAL

Rep. Format:

Lump Sum / I.B.I. /