

INS. CASE OWNER:

CC 4 / FCI190 2090, T2 60

LKK:
IDAC:

Surveyor: Tambiah DOI: 19/11/10 Date / Time: 15/11/10
Registered in Merimen: HWA

Pre-assign / CCU / FTE



Insured Vehicle No. : SHA 9775M Claim No. : _____
Name of Insured : _____ Policy No. : _____
Insured Tel No. : _____ HP: _____ Make / Model : _____
Excess Sec II :\$: _____ D.O.A : 15/11/10 Place of Accident : _____
Is driver the owner? (YES / NO) Nature of Accident : _____

If NO, Driver Name / Age : _____ OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
Driver Tel No. : _____ (V/L: YES / NO) Insured Liability : % Final ? Yes / No

X06901E → _____ → _____ → _____



INSRS:
WSP: Fix
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
<u>X06901E</u>	Non-Reporting ltr (1st):	
<u>SHA 9775M</u>	Non-Reporting ltr (2nd):	
<u>DIWR</u>	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"/>
	After call ltr to OI:	<input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/>
	PIR:	<input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/>
	LOD	<input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/>

PRELIMINARY ADVICE Date/Time: _____ Sent By: _____ Confirm by: _____
Post-Repair Photos:
Others:

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)
Legal Cost S\$ _____

Total: S\$ _____ Global Sum S\$: _____
1) Claim status: Normal/Reject/Private Settle
2) Report Format:
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:

Taufik

REF:

FCI

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: XD 6901E

at Workshop m/s Vfix Auto

of 26 Chia Ping Rd

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 Rport: _____ 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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: XD 6901E Yr Regn: 2013, March

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

Truck / Trailer or Tipper Truck

Make: Volvo FMX 420 c.c 12777

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

Sp.Reading: 615692 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: yv2jg106901A 740266

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or 515/80R225

Tyre Size: F: _____ R: 225 (D)

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

TOYO / YOKO or Triangle

Front _____ Rear _____

R/Bal. 8 mm R/Bal. 8/8 mm

L/Bal. 8 mm L/Bal. 8/8 mm

D.O.A. _____ D.O.I. 17/12/19 e 5pm

Survey held at Vfix

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

Rear o/s

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

Date / Time	Action / Instruction
	<u>w/s will email estimate</u>

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

1) : Final Report

Date/Time, File Return to?

2) _____

Report Format: _____

Lump Sum / L.B.E: (\$) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: : Site Insp (\$ _____)

: Interview (\$ _____)

: Tech. Invs (\$ _____)

: Wheel end (\$ _____)

Survey Fee:	
Transportation:	
S + RS. SI	
Photos	
Others	
TOTAL	