

INS. CASE OWNER:

CC 4/111 2000 0268 / R1 g53

Surveyor:

Rasul

DOI:

6/1/2020

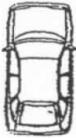
Date / Time :

3/1/2020

Registered in Merimen:

6/1/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : YP 4075C

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :SS

D.O.A : 28/12/19

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. :

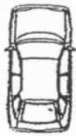
(V/L: YES / NO)

Insured Liability :

%

Final ? Yes / No

XD 9303L



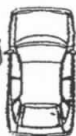
INSRS:

WSP: Zenith Engineering

Tel: Pte Ltd

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time	STAGE		DATE / PIC
XD 9303L : X YP 4075C : NA / 111 190 22883 / 24 ; D.O.A : 28/12/19	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:	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 + LOI ☐	[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:	

Rashe

✓ 468.1 gcs

2804

COE EXPIRY: 2024/JULY

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: XD 9303 L

at Workshop m/s ZENITH ENGINEERING

of 34, JOCKSON CIRCLE

Insured: 111

Policy No. _____

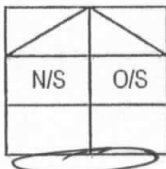
Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

Remark: The veh had commenced its repair at the time of inspection.



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
1	100	Yes
2	100	Yes
3	100	Yes
4	100	Yes
5	100	Yes
6	100	Yes
7	100	Yes
8	100	Yes
9	100	Yes
10	100	Yes
11	100	Yes
12	100	Yes
13	100	Yes
14	100	Yes
15	100	Yes
16	100	Yes
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18	100	Yes
19	100	Yes
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29	100	Yes
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31	100	Yes
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85	100	Yes
86	100	Yes
87	100	Yes
88	100	Yes
89	100	Yes
90	100	Yes
91	100	Yes
92	100	Yes
93	100	Yes
94	100	Yes
95	100	Yes
96	100	Yes
97	100	Yes
98	100	Yes
99	100	Yes
100	100	Yes

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: XD 9303L Yr Regn: 2014 July

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

Truck / Trailer or

Make: VOLVO FEG 300 64R C.C. 7146

Colour: WH/TE A/C: Insured / Std / NI / NA

Sp. Reading: 202022 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: 4V2VH70D SE B68 5978

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 _____

Tyre Size: F: 295/80R22.5

R: 1

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

Front		Rear
R/Bal. 8	mm	R/Bal. 8 1/8
L/Bal. 8	mm	L/Bal. 8/8
D.O.A. 28/12/19		D.O.I. 06/01/2020

Survey held at ZENITH

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

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

[illegible]

Date/Time, File Pass to?

☐: Prel. Report

1)

□: Final Report

Date/Time, File Return to?

2)

Report Format :

Lump Sum / LBR: 00

Days Of Repair:

Resurvey No. of Trip:

Add Fee: : Site Insp (\$☐ : Interview (\$)

☐ Tech. Invs (6)

Weekend 68

Survey Fee:

Transportation:

$$S + RS \rightarrow S$$

) Photos

) Oilers

TOTAL