15/5/2010		CC 6 /QBE160	13936 , Az	LKK:	,
INS. CASE OWNER:					
Surveyor:	ADPLAN	DOI: $\frac{ASSIGNI}{V_{\lambda}}$	17/16 D	ate / Time :	3/1/16
Pre-assign / CCU / Insured Vehicle No.	STV 1326	u	Claim No. :	egistered in Wei inten.	
Name of Insured	:		Policy No. :		
Insured Tel No.	:	HP:	Make / Model :		
Excess Sec II :S\$		D.O.A: DZ OSTIB	Place of Accident	:	
Is driver the owner?	(YES / NO)	Nature of Accident :			
	t 2		OI GIA REPORT	YES / NO ; TP GIA R	EPORT: YES / NO
If NO, Driver Nam Driver Tel N		(V/L: YES / NO)	Insured Liability:		? Yes / No
SJP 3113 K					
INSRS: WSP: Cary (a) Tel: Liability: RMKS:	INSRS WSP: Tel: Liabilit RMKS	ty:	INSRS: WSP: Tel: Liability: RMKS:		INSRS: WSP: Tel: Liability: RMKS:
Date/ Time					
	OTO 2112K - X-	57V1326U-X		STAGE	DATE / PIC
	301 111/1-1-1	00 4 13 - 0 0(2 /		Non-Reporting ltr (1st): Non-Reporting ltr (2nd):	
				Non-Reporting ltr (Final):	
				Notification ltr (if non-pick Call OI:	up):
				After call ltr to OI:	
			ī	Documentation Check Li	st: Handler Typist
			1	Notification ltr (if non-pick	rup)
				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 Instructi	ion:
				LOD Payment Breakdown For	rm:
PRELIMINARY ADVICE	Date/Time:	Sent By:		Post-Repair Photos:	
RELIVINARI ADVICE	Duto/Time.	oun by.		Others:	
FINALIZATION	Date/Time:	Confirm with:		Confirm by:	
Repair Cost:	S\$ (days) Reduction:	%	Ema	il Call
FINAL SETTLEMENT	Date/Time:	Confirm with		Email Call	
Final Liability:		/ Assessed) BOLA S/N No.:		If NO or B 28, Ass. Lia	:
Repair Cost:	S\$	· Variati			
Loss of Rental (LOR): Loss of Use (LOU):	S\$ (S\$ (\$ x	days) days)			
Loss of Use (LOU):	S\$ (\$ x				
LOR only LOU only		LOR + LOI Tick only on	e]		
GIA/LTA Search	S\$				
Medical:	S\$			1) Claim status: Normal	/Reject/Private Settle
Disbursement:	S\$	(e.g. Tow/ Independe		2) Report Format:	
Legal Cost Total:	S\$	Global Sum SS:		3) Survey fee:	
FINAL PAYMENT	Date/Time:	Confirm with:		Email Call	
Payee 1:	7-7-7-7-1	Name 1:			
11 HYOU 1.	53	Name 1:			
Payee 2: (Strike if N.A.)	S\$ S\$	Name 1:	a ky		

	<u>A</u>	SSIGNMENT
From:	Date:	Veh No: SSP3113K Yr Regn: 2009, Fe
Estimated Cost:		Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
-	RES / OD RES / EVA / INV / MV	Truck / Trailer or
	No:	Make: Toyota Axio c.c 1996
		Colour Bold A/C: Insured / Std / NI
-t		Sp.Reading 227029 T/Radio: Insured / Std / NI
Inquired:		Eng/No:
Delieu No		C/No: NZE1416104520*
Claims No.		Gen. Cond: Good/ Fair / Poor / Burnt
Sum Insured:	Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)		Brake: Inorder / Jammed / Leaked / Burnt or
Make of Veh:	19.6	Modi: Nil/I S/Rim / STD A/Rim or
		Tyre Size: F:
(Policy Condition)		R: 155/65 R15.
		BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
	the time of inspection.	TOYO / YOKO or
Bal. or Market Valu	Δ'	Front Rear
IDAC Accident Rpc	- 1.1 10 W - N-	R/Bal. 66 mm R/Bal. 66
GIA / PR Seen:	Consistent? : Yes or No	L/Bal. 06 mm L/Bal. 06
Est. Repairs:	days Res.: Yes or No	D.O.A. D.O.I. 27/01/16
Lum Sum:	% 3 Val.: Yes or No	Survey held at Kang
		Des. of Damages : Frt Rear / O/S / N/S / U/C / Rooftop or
CA / REV / R	Yehicle: IN /	OUT
Date:	Person Contacted:	The U/C / Chassis frame / Body Structure affected due to co
Date / Time	Action / Instruction	
	TP QBE.	
		•.
Date/Time, File Pass to	? : Preli. Report	Days Of Repair:
1)	: Final Report	Resurvey No. of Trip: Survey Fee:
Date/Time, File Return		Transportation:
2)	Add	Fee:: Site Insp (\$)s+Rs,si
		: Interview (\$) Photos
		: Tech. Invs (\$) Others
Report Format		. Tech. Hivs (+