	L	LKK:
15/5/2010	CC 7/CT11700 3784/ F	1yld IDAC:
		0
INS. CASE OWNER:	ASSIGNMENT	2MM17
Surveyor:	EULIN DOI: WY 13	Date / Time :  Registered in Merimen:
Pre-assign / CCU / FT  Insured Vehicle No.	: Claim No.	:
Name of Insured	Policy No.	s
U	HP: Make / Model	·
Insured Tel No.	D.O.A: VI Place of Accid	ent :
Excess Sec II :S\$	A SALARON COLOR	
Is driver the owner?	( YES / NO ) Nature of Accident :	RT: YES / NO ; TP GIA REPORT: YES / NO
If <b>NO</b> , Driver Name / Driver Tel No.	Age: (V/I · YES / NO ) Insured Liabili	THE LO Man / No
	C .	
INSRS: WSP: Tel: Liability: RMKS:	INSRS: WSP: Tel: Liability: RMKS:  INSRS: WSP: Tel: Liability: RMKS:	INSRS: WSP: Tel: Liability: RMKS:
		DATE / PIC
Date/ Time	MB1628-162 A1916107885 = 244302 014. 17416-	STAGE DATE / FIC  Non-Reporting ltr (1st):
	MN dy /3 con (11.10.4 B)	Non-Reporting ltr (2nd):
	JP N8767-7	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:
The state of the s	Dete/Time: Sent By:	Post-Repair Photos:
PRELIMINARY ADVICE	Date/Time.	Others:
	Date/Time: Confirm with:	Confirm by:  Email Call
FINALIZATION	S\$ ( days) Reduction: %	
Repair Cost:	Date/Time: Confirm with	Email Call If NO or B 28, Ass. Lia :
FINAL SETTLEMENT	% (Agreed / Assessed) BOLA S/N No. :	II NO OF D 20, ASS. Lia.
Final Liability:	S\$	
Repair Cost:	S\$ ( days)	
Loss of Rental (LOR):	S\$ (\$ x days)	
Loss of Use (LOU):	cs (\$ x days)	
Loss of Income (LOI):	Tick only one	
LOR only LOU only	S\$	1) Claim status: Normal/Reject/Private Settle
GIA/LTA Search	ac.	1) Claim status. Normal rejecti 11
Medical:	(e.g. Tow/ Independent)	2) Report Format:
Disbursement:	S\$ (e.g. 10w/ mospens	3) Survey fee:

Global Sum S\$:

Confirm with:

Name 1:

Name 2:

Name 3:

Call

S\$

S\$

S\$

S\$

S\$

Date/Time:

Disbursement:

FINAL PAYMENT

Payee 2: (Strike if N.A.)

Payee 3: (Strike if N.A.)

Legal Cost

Total:

Surveyor: Kalvin		
- J	IGNMENT	
From: Date: 2 2/2/17	Veh No: SHB 4295 Yr Regn: 1/Feb 215	
From: Date: 22 9777  Estimated Cost:	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /	
OD / TOWS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or	
	Make: Torste Pris c.c /79	
To Inspect Vehicle No: SHB 4295 at Workshop m/s SAUC	Colour Many A/C: Inseged / Std / NI / NA	
of	Sp.Reading 284918 T/Radio: Insubed / Std / NI / NA	
insured:	Eng/No:	
Policy No.	C/No: 5-10/Kw3 64304758052	
Claims No.	Gen. Cond: Good / F Poor / Burnt	
Sum Insured: Excess:	Steering: Inorder Jammed / Leaked / Burnt or	
(Client's Record)	Brake: Inorder Jammed / Leaked / Burnt or	
Make of Veh:	Modi: Nil / S/Rim / STD A Rim or	
	Tyre Size: F: (as/f)	
(Policy Condition)	R:	
Remark: The veh had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /	
repair at the time of inspection.	TOYO/YOKO or Fullen	
Bal. or Market Value:	Front Rear 7	
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 7 mm R/Bal. 7 mm	
GIA / PR Seen: Consistent? : Yes or No	L/Bal. + mm L/Bal. mm	
Est. Repairs: 2 days Res.: Yes or No	D.O.A. 16/2/17 D.O.I. 22/2/12 1/26	
Lum Sum: % 3 Val.: <b>Yes</b> or <b>No</b>	Survey held at	
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or	
Vehicle: IN / OUT	U/S fler	
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.	
Date / Time Action / Instruction	Totx/02/12/200	
P/P \$769.40	101×/02/17/210. 6166 (12/482835	
(RED: \$5,813.33 / 88%	(12/4P2835	
	/	
Date/Time, File Pass to? : Preli. Report	Days Of Repair:	
: Final Report	Resurvey No. of Trip: Survey Fee:	
Date/Time, File Return to?	Transportation:	
Add Fe	e:: Site Insp (\$)s+RS,SI	
	: Interview (\$ ) Photos	
Report Format :	: Tech. Invs (\$) Others	
Lump Sum / I.B.I: (\$	: Weekend (\$	
	TOTAL	