INS. CASE OWNER:	cc 6	/ III1800 19	78, A	UM3 LKK:		
Surveyor:	APPLAN XLIBO	ASSIGNM UZ	NO18	Date / Time :	11/2	018
Pre-assign / CCU / FTE	(No hart			Registered in Merimen:	1	MID
	SHD 4141J					
Insured Vehicle No. :		_	Claim No.	:		
Name of Insured :		_	Policy No.	:		_
Insured Tel No. :	HP:		Make / Model	:		
Excess Sec II :SS	D.O.A: 7	1118	Place of Accide	ent :		_
	(YES / NO) Nature of Acc	rident :	Trace of Accide	ont .		
		ident .				
If NO, Driver Name / Age:				RT: YES / NO ; TP GIA REPO		/ NO
Driver Tel No. :	(V/L:	YES/NO)	Insured Liabilit	y: % Final? Y	es / No	
SKX 587311	→					
Liability: RMKS: Date/ Time	Liability : RMKS:		Liability:	Liat RM	oility : KS:	
Date/Time						
A16.	172211 1 2 11	W N. T. V		STAGE	DAT	E / PIC
SKX	58734, X ; SHO	4441J. X		STAGE Non-Reporting ltr (1st):	DAT	E / PIC
SIX	58734, X ; SHE	X - [ipip		Non-Reporting ltr (1st): Non-Reporting ltr (2nd):	DAT	E / PIC
	58734, X ; SHS	X . [IPIP		Non-Reporting ltr (1st): Non-Reporting ltr (2nd): Non-Reporting ltr (Final):	DAT	E / PIC
SVX	58734 X 7 SH6	441J, X		Non-Reporting ltr (1st): Non-Reporting ltr (2nd):	DATI	E/PIC
	58734, X ; SHE	441J, X		Non-Reporting ltr (1st): Non-Reporting ltr (2nd): Non-Reporting ltr (Final): Notification ltr (if non-pickup):	DAT	E/PIC
	58734, X 7 SH6	YHJ, X		Non-Reporting ltr (1st): Non-Reporting ltr (2nd): Non-Reporting ltr (Final): Notification ltr (if non-pickup): Call OI:		E / PIC
	58734 , X ; SHS	441J, X		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: I		
	58734, X ; SH	441J, X		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: Notification ltr (if non-pickup) After call ltr to OI:		
	58734, X ; SH	441J, X		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: Notification ltr (if non-pickup) After call ltr to OI: Authorisation To Act:		
	58734, X 7 SH	4441J, X		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: Notification ltr (if non-pickup) After call ltr to OI: Authorisation To Act: Release Voucher:		
	58734 , X ; SH	4441J, X		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: Notification ltr (if non-pickup) After call ltr to OI: Authorisation To Act: Release Voucher: Final Repair Bill:		
	58734, X ; SH	441J, X		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: Notification ltr (if non-pickup) After call ltr to OI: Authorisation To Act: Release Voucher: Final Repair Bill: Car Rental Invoice:		
	58734 , X ; SH	441J, X		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: Notification ltr (if non-pickup) After call ltr to OI: Authorisation To Act: Release Voucher: Final Repair Bill: Car Rental Invoice: Towing Invoice		
	58734, X 7 SH	YHJ, X		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: 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:		
	58734, X ; SHS	4441J, X		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: 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:		
	58734 , X ; SH	441J, X		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: 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:		

		Cai Reitai IIIvoice.
		Towing Invoice
		LTA / GIA :
		Medical Bill:
		PIR:
		Mandate/Reject Instruction:
		LOD
		Payment Breakdown Form:
PRELIMINARY ADVICE	Date/Time: Sent 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 + LOI [Tick only one]	
GIA/LTA Search	S\$	
Medical:	S\$	Claim status: Normal/Reject/Private Settle
Disbursement:	S\$ (e.g. Tow/ Independent)	2) Report Format:
Legal Cost	S\$	3) Survey fee:
Total:	S\$ Global Sum S\$:	
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:	

08-11-12 REF: TT	
Surreyor Adrian	
ASSI	GNMENT
From: Date:	Veh No: \$\times 5873 H Yr Regn: /
Estimated Cost:	Type: N.Cao/ M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
OD TP WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
To Inspect Vehicle No:	Make: Hond a Fit c.c
at Workshop m/s	Colour A/C: Insured / Std / NI / NA
of	Sp.Reading T/Radio: Insured / Std / NI / NA
Insured: SHD 4141]	Eng/No:
Policy No.	C/No: 6K3 111 2996.
Claims No.	Gen. Cond: Good / Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Indexer / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inoder / Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil / S/R)m / STD A/Rim or
· ·	Tyre Size: F: 175/70 R14
(Policy Condition)	Ŕ: U
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
Bal. or Market Value:	<u>Front</u> <u>Rear</u>
IDAC Accident Rport: , Consistent? : Yes or No	R/Bal. 6 mm R/Bal. 6 mm
GIA / PR Seen: Consistent? : Yes or No	L/Bal. 6 mm
Est. Repairs: days Res.: Yes or No	D.O.A. 07.01.2018 D.O.I. 12-01-18
Lum Sum: % 3 Val.: Yes or No	Survey held at W/S LPW
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
Vehicle: IN / OUT	
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	•
3-	
Date/Time, File Pass to? : Preli. Report	Days Of Repair:
1) : Final Report	Resurvey No. of Trip: Survey Fee:
Date/Time, File Return to?	Transportation:
2) Add Fe	
	: Interview (\$) Photos

Tech. Invs (\$

Weekend (\$

Report Format :

Lump Sum / I.B.I: (\$

) Others

TOTAL