			LKK:		
INS. CASE OWNER:	CC /AIG1800	3705,17	UM IDAC:		
Surveyor:	Assign Doi: Assign	MENT V	ate / Time : egistered in Merimen:		
Insured Vehicle No Name of Insured Insured Tel No. Excess Sec II :S\$ Is driver the owner.	:HP:	Claim No. : Policy No. : Make / Model : Place of Accident			
If NO, Driver Nam Driver Tel N	No.: (V/L: YES / NO)	OI GIA REPORT: Insured Liability :	OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO Insured Liability : % Final ? Yes / No		
INSRS: WSP: Tel: Liability: RMKS:	INSRS: WSP: Tel: Liability: RMKS:	INSRS: WSP: Tel: Liability: RMKS:	INSRS: WSP: Tel: Liability: RMKS:		
Date/ Time	56R 9 867R-4 567 8887	No No No No Ca	on-Reporting ltr (1st): on-Reporting ltr (2nd): on-Reporting ltr (Final): otification ltr (if non-pickup): all OI: fter call ltr to OI:	PIC	
			ocumentation Check List: Handler Typ	nist	
		Al Ai Re	otification Itr (if non-pickup) fter call Itr to OI: uthorisation To Act: elease Voucher: nal Repair Bill:		
		To L7	ar Rental Invoice: owing Invoice TA / GIA : fedical Bill:		
PRELIMINARY ADVICE	Date/Time: Sent By:	M Lo	fandate/Reject Instruction: OD ayment Breakdown Form: ost-Repair Photos:		
I REMINING TO THE		0	thers:		
FINALIZATION	Date/Time: Confirm with:		Confirm by:	1	
Repair Cost:	S\$ (days) Reduction:	%	EmailCall		
FINAL SETTLEMENT	Date/Time: Confirm with		mail Call		
Final Liability:	% (Agreed / Assessed) BOLA S/N No. :	II	NO or B 28, Ass. Lia:		
Repair Cost: Loss of Rental (LOR):	S\$ S\$ (days)				
Loss of Use (LOU):	S\$ (\$ x days)				
Loss of Use (LOU):	S\$ (\$ x days)				
LOR only LOU only	LOR + LOU LOR + LOI Tick only one]			
GIA/LTA Search	S\$				
Medical:	S\$	1)) Claim status: Normal/Reject/Private Sett	le	

(e.g. Tow/ Independent)

Global Sum S\$:

Confirm with:

Name 1:

Name 2:

Name 3:

S\$

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:

Report Format:
 Survey fee:

Email Call

8/11/13)	REF:			
Surreyor				
	ASS	GNMENT		
From:	Date:	Veh No:	56R5863R	Yr Regn: 2007, Feb
Estimated Cost:		Type: M.Car	M.Cycle / Bus / Van / Lo	orry / Taxi / Prime Mover /
OD / TP / WS / TP RES / OD RES /	EVA / INV / MV	Truck	/ Trailer or	
To Inspect Vehicle No:		Make:	Honder Civic	c.c 1799
at Workshop m/s		Colour	Red	A/C: Insured / Std / NI / NA
of		Sp.Reading	230787 .	T/Radio: Insured / Std / NI / NA
nsured:		Eng/No:		
Policy No.	C/No: 1HMFD 16307 S206684			
Claims No.	Gen. Conde Good / Fair / Poor / Burnt			
Sum Insured:	Steering: Inorde / Jammed / Leaked / Burnt or			
(Client's Record)		Brake: Ind	rder / Jammed / Leaked	/ Burnt or
Make of Veh:	Modi: Nil / S/Rim / STD A/Rim or			
	(e	Tyre Size:	F: 21	98/85R16
(Policy Condition)			R: 20	5/55R16
Remark: The veh had commence	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU PIR SUMI /			
repair at the time of insp	pection.	TOYO / YO	KO or	
Bal. or Market Value:		Front	,	Rear
DAC Accident Rport:	Consistent? : Yes or No	R/Bal. 0	6 mm	R/Bal. 06 mm
GIA / PR Seen: Consistent? : Yes or No		L/Bal. 0	6 mm	L/Bal. 06 , mm
Est. Repairs: days	Res.: Yes or No	D.O.A.		D.O.I. 26/02/18
Lum Sum: %	3 Val.: Yes or No	Survey held	at NHT.	/ /
CA / REV / REP. / 24 HRS		Des. of Dam	ages : Frt / Rear / O/S	(N/S) U/C / Rooftop or
CA / REV / REP. / 24 HR	Vehicle: IN / OUT			
Date: Person Cor	itacted:	The U/C	/ Chassis frame / Bod	y Structure affected due to collision.
Date / Time Action / Instructi				
TP A16).			
COE Empire	4: 31/01/22			
CO1 +771	1-10-2			
mv: 271C				
PV: 20.810				
Nett: 6.2K	* 3.			
Date/Time, File Pass to?	reli. Report	Days Of Re	pair:	
H.,	inal Report	Resurvey N		Survey Fee:
1) Date/Time, File Return to?	ma. Nopoli			Transportation:
2)	Add Fe	e: : Site	Insp (\$)S+RS,SI
-/		parameters.	view (\$) Photos
Report Format :		: Tech	n. Invs (\$) Others
Lump Sum / I.B.I: (\$)	: Wee	ekend (\$)
				TOTAL