15/5/2010 INS. CASE OWNER:	Jus Jan	CC 4. / Asm 18	vo 5022,	Aua's LKK IDA	9676		
	0 000	ASSI	GNMENT		1 /		
Surveyor:	MORIAN	DOI:	16/2/18	Date / Time :	16/3/2018		
			0111.4	Registered in Merimen:			
Pre-assign / CCU /					1.8 1.1		
Insured Vehicle No.	XE 3	314P	CI :	58 W 28	Ifaa we		
		-	Claim No.	:			
Name of Insured	:		Policy No.	:			
Insured Tel No.	1 a	HP:	Make / Model	:			
Excess Sec II :S\$		D.O.A:14/3/2018	Place of Accide	ent :			
Is driver the owner?		Nature of Accident :					
		- Indiana of Frontonia	OLOU PEDO	OLGIA DEDORT, VES /NO , TD GIA DEDORT, VES /NO			
If NO, Driver Nam Driver Tel N				OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO Insured Liability : % Final ? Yes / No			
	1 No.: (V/L: YES / NO ) Insured Liability: % Final? Yes / No				il ? Yes / No		
(1B6 172	1K						
INSRS:	Dione		TO TOP O		D 10D 0		
	UM INSRS: WSP:		INSRS: WSP:		INSRS: WSP:		
H Tel:	H Tel:	A A	Tel:	A-A	Tel:		
Liability : RMKS:	Liability		. Liability:	K-N	Liability:		
	RMKS:		RMKS:		RMKS:		
Date/ Time							
	GBAITMY, X	X 633146	) X	STAGE	DATE / PIC		
				Non-Reporting ltr (1st): Non-Reporting ltr (2nd):			
				Non-Reporting ltr (Final):			
43				Notification ltr (if non-pic	kup):		
				Call OI: After call ltr to OI:			
				Documentation Check I	List: Handler Typist		
				Notification ltr (if non-pic			
				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 Instruc	tion:		
				LOD			
PRELIMINARY ADVICE	Deta/Time:	07		Payment Breakdown Fo	orm:		
I RELIMINARI ADVICE	Date Time,	Sent By:		Post-Repair Photos:			
FINALIZATION	Date/Time:	Confirm with:		Others: Confirm by:			
Repair Cost:	S\$ (	days) Reduction:	%	Em	ail Call		
FINAL SETTLEMENT	Date/Time:	Confirm with	7.0	Email Call			
Final Liability:	% (Agreed /	Assessed) BOLA S/N No. :		If NO or B 28, Ass. Lia	1:		
Repair Cost:	S\$						
Loss of Rental (LOR):	S\$ (	days)					
Loss of Use (LOU):	S\$ (\$ x	days)					
Loss of Income (LOI):  LOR only LOU only	S\$ (\$ x	days)	lu au al				
GIA/LTA Search	S\$	OR + LOI [Tick onl	iy onej				
Medical:	S\$			1) Claim status: Norma	al/Reject/Private Settle		
Disbursement:	S\$	(e.g. Tow/ Indep	pendent)	2) Report Format:			
Legal Cost	S\$			3) Survey fee:			
Total:	S\$	Global Sum S\$:					
FINAL PAYMENT	Date/Time:	Confirm with:	E	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:					

ASS. REC. BY: Abrian Liny				
0	GNMENT			
From: Date:		Veh No:	GBG1721K	· Yr Regn: 2017, June
Estimated Cost:		Type: M.Car /	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:	Toyota Hia	e c.c 2982
at Workshop m/s		Colour	While.	A/C: Insured / Std / NI / NA
of		Sp.Reading	2712	T/Radio: Insured / Std / NI / NA
Insured:		Eng/No:		
Policy No.		C/No:	JTFH TO2	P300 224553.
Claims No.		Gen. Cond: G	ood) Fair / Poor / Bu	irnt
Sum Insured: Excess:		Steering: Inq	de / Jammed / Leak	ed / Burnt or
(Client's Record)		Brake: Ino	der / Jammed / Leak	ed / Burnt or
Make of Veh:		Modi: Nil	S/Rim / STD A/Rim	
		Tyre Size:	F: /9:	SRISC
(Policy Condition)			R: /3	SRISC.
Remark: The veh had commenced its	N/S O/S	BS DUN / E	XNOVA / GY / FS / LI	ZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.		TOYO / YOI	KO or	
Bal. or Market Value:		Front	,	Rear
IDAC Accident Rport: Consistent? : Yes or	No	R/Bal.	26 mm	R/Bal. 06 mm
GIA / PR Seen: Consistent? : Yes or	No	L/Bal.	06 mm	L/Bal. 96 mm
Est. Repairs: days Res.: Yes or	No	D.O.A.		D.O.I. 16/03/18
Lum Sum: % 3 Val.: Yes or	No	Survey held a	at Hua	Meny
CA / PEV / PER / 24 UPS		Des. of Dama	ages : Frt / Rear / C	ols / N/S / U/C / Rooftop or
CA / REV / REP. / 24 HRS	ehicle: IN / OUT			
Date:Person Contacted:		The U/C	/ Chassis frame / E	Body Structure affected due to collision.
Date / Time Action / Instruction				
TPAXA.				
	*			isk
				7
To the second se				*
Date/Time, File Pass to? : Preli. Report		Days Of Rej	pair:	
The state of the s		Resurvey N		Survey Fee:
1) : Final Report Date/Time, File Return to?		Nesurvey IV	o. or rip.	Transportation:
2)	Add Fee	: Site	Insp (\$	)S+RSSI
		: Inter		) Photos .
Report Format :		-	n. Invs (\$	) Others
Lump Sum / I.B.I: (\$	)	Constraint of the last of the	kend (\$	
				The state of the s

TOTAL