Surveyor:    Dote   Time   Dote   Dot	15/5/2010		ccb, Mh	18005700,	1100 N. C. C. C.	KK: DAC:
Surveyor:    Dote   Time	INS. CASE OWNER				100	A / 1
Insured Vehicle No.	Surveyor:	TMB		2 3 8		No (8/4)
Name of Insured	Pra-assign / CCI	/ ETE	-		Registered in Merime	n: - (3) (1)8
Name of Insured		UNI	3448]	Claim No.		
Insured Tel No.   HP:   Make / Model :   Place of Accident :   P					. —	<del>7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 </del>
Excess Sec   1 : SS		-		Policy No.	:	
If NO, Driver Name / Age :	Insured Tel No.	- :	HP: 5 2/2/4	Make / Model	:	
If NO, Driver Name / Age :	Excess Sec II :S\$		D.O.A: 7 19 18	Place of Accid	lent:	
Driver Tel No.   (V/L.YES/NO)   Insured Liability   %   Final ? Yes / No	Is driver the owner	? ( YES / NO )	Nature of Accident :			
NSRS:   WSP:   WSP:   WSP:   Tel:   Liability:   RMKS:	If NO, Driver Nan	ne / Age :		OI GIA REPO	ORT: YES / NO ; TP GI	A REPORT: YES / NO
NSRS:   WSP   Td:   Liability:   RMKS:	Driver Tel	No. :	(V/L: YES / NO)	Insured Liabil	ity: % F	inal? Yes/No
WSP: UNITALIZATION   WSP: Tel: Liability: RMKS:   RM	8M3281	_ →				
STAGE   DATE / PIC   Non-Reporting ltr (1st):   Non-Reporting ltr (2nd):	WSP: Tel: Liability: RMKS:	WSP: Tel: Liabilit	y:	WSP: Tel : Liability :		WSP: Tel : Liability :
Non-Reporting Itr (1shr)   Non-Reporting Itr (	Date/ Time					
Non-Reporting ltr (Finals):		GW3211)	(			
Notification Irr (if non-pickup):		0				
Call Of:						
After call ltr to OI:   Documentation Check   Handler   Typist						ыскир):
Notification Itr (if non-pickup)						
After call ltr to OI:					Documentation Check	List: Handler Typist
Authorisation To Act:						pickup)
Release Voucher:						
Final Repair Bill:						
Car Rental Invoice:						
LTA/GIA:						
Medical Bill:   PIR:   Mandate/Reject Instruction:   DEFINALIZATION   Date/Time:   Sent By:   Post-Repair Photos:   Definal Liability:   Sent By:   Confirm with:   Confirm by:   Confirm by:   Confirm by:   Confirm with   Email   Call   Ca					Towing Invoice	
PIR:					LTA / GIA :	
Mandate/Reject Instruction:   LOD						
LOD						
PRELIMINARY ADVICE         Date/Time:         Sent By:         Post-Repair Photos:         Others:           FINALIZATION         Date/Time:         Confirm with:         Confirm by:           Repair Cost:         S\$         ( days) Reduction:         %         Email						iction:
PRELIMINARY ADVICE         Date/Time:         Sent By:         Post-Repair Photos:						Form:
Others:	PRELIMINARY ADVICE	Date/Time:	Sent By:			
Repair Cost:   S\$   ( days)   Reduction:   %   Email   Call   Em						
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\$         (\$ x days)           Loss of Use (LOU):         S\$ (\$ x days)         .           Loss of Income (LOI):         S\$ (\$ x days)         .           LOR only         LOR + LOU         LOR + LOI         [Tick only one]           GIA/LTA Search         S\$         1) Claim status: Normal/Reject/Private Settle           Disbursement:         S\$         (e.g. Tow/ Independent)         2) Report Format:           Legal Cost         S\$         Global Sum S\$:           Total:         S\$         Global Sum S\$:           FINAL PAYMENT         Date/Time:         Confirm with:         Email         Call					Confirm by:	
Final Liability:				%		mail Call
Repair Cost:   S\$						io i
Loss of Rental (LOR):   S\$   (   days)			Assessed) BULA S/N No	)	11 NO 01 B 28, ASS. L	id .
Loss of Use (LOU):   S\$   (\$ x days)			days)			
LOR only         LOU only         LOR + LOU         LOR + LOI         [Tick only one]           GIA/LTA Search         S\$         1) Claim status: Normal/Reject/Private Settle           Medical:         S\$         1) 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	1 1	S\$ (\$ x				
GIA/LTA Search         S\$           Medical:         S\$           Disbursement:         S\$           Legal Cost         S\$           Total:         S\$           Global Sum S\$:           FINAL PAYMENT         Date/Time:           Confirm with:         Email           Call						
Medical:         S\$         1) Claim status: Normal/Reject/Private Settle           Disbursement:         S\$         (e.g. Tow/ Independent )         2) Report Format:         7           Legal Cost         S\$         3) Survey fee:           Total:         S\$         Global Sum S\$:           FINAL PAYMENT         Date/Time:         Confirm with:         Email         Call	- A Control of the Co		OR + LOI [Tick o	nly one]		
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					1) Claim etatue: Norm	nal/Reject/Private Settle
Legal Cost         S\$         3) Survey fee:           Total:         S\$         Global Sum S\$:           FINAL PAYMENT         Date/Time:         Confirm with:         Email         Call			(e.g. Tow/ Inde	ependent)		
Total: SS Global Sum SS:  FINAL PAYMENT Date/Time: Confirm with: Email Call			(-8. 10.11 1111			
		SS	Global Sum SS:			
	FINAL PAYMENT	Date/Time:	Confirm with:		Email Call	
Payee 1: S\$ Name 1:	Payee 1:					
Payee 2: (Strike if N.A.) S\$ Name 2:					2.4.340	
Payee 3: (Strike if N.A.) S\$ Name 3:	Payee 3: (Strike if N.A.)	S\$	Name 3:			

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

ASS. REC. BY: Adrian Liny	A COLOND STATE
3	ASSIGNMENT
From: Date:	Veh No: 5Lb 3251 J. Yr Regn: /
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: Kia Forle 163- c.c
at Workshop m/s	Colour Bue - A/C: Insured / Std / NI / NA
of	Sp.Reading 1327 . T/Radio: Insured / Std / NI / NA
insured:	Eng/No:
Policy No.	C/No: *
Claims No.	Gen. Cond/ Good Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Norder Jammed / Leaked / Burnt or
(Client's Record)	Brake: Incrdet / Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil /S/Rim STD A/Rim or
E.	Tyre Size: F: 195/65R15
(Policy Condition)	R: 195/65A5
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 Hexen,
Bal. or Market Value:	<u>Front</u> <u>Rear</u>
IDAC Accident Rport: Consistent? ; Yes or I	No R/Bal. 06 mm R/Bal. 06 mm
GIA / PR Seen: Consistent?: Yes or I	
Est. Repairs: days Res.: Yes or	
Lum Sum: % 3 Val.: Yes or	No Survey held at Unimater.
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / O/S N/S / U/C / Rooftop or
Vel	hicle: IN / OUT
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	
(17(6)	
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 Fee: : Site Insp (\$)
	: Interview (\$ ) Photos
Report Format :	: Tech. Invs (\$ ) Others

: Weekend (\$

TOTAL