15/5/2010 INS. CASE OWNER	cc4/III18	00 7166,72 WI	DAC:
Surveyor:		ASSIGNMENT Date	Time: (8) 4 1 18
Pre-assign / CCU  Insured Vehicle No  Name of Insured  Insured Tel No.  Excess Sec II :S\$  Is driver the owner	. : SHB YAZYP :HP: D.O.A: YELY	Claim No. : _ Policy No. : _ Make / Model : _ Place of Accident : _	tered in Merimen:
If <b>NO</b> , Driver Nan Driver Tel l			S / NO; TP GIA REPORT: YES / NO % Final ? Yes / No
INSRS: WSP: Tel: Liability: WSRMKS:	INSRS: WSP: Tel: Liability: RMKS:	INSRS: WSP: Tel: Liability: RMKS:	INSRS: WSP: Tel: Liability: RMKS:
Date/ Time	SLG Y6660-X SNBY	Non-R Non-R Non-R Notific Call C After o Docur Notific After o Autho Releas Final I Car Ro Towin LTA / Medic PIR:	reporting ltr (1st): reporting ltr (2nd): reporting ltr (Final): reation ltr (if non-pickup):  I: reation ltr (if non-pickup): reation ltr (if non-pickup) reation ltr (if
PRELIMINARY ADVICE	Date/Time: Sent By:	LOD Paym	ate/Reject Instruction:  ent Breakdown Form:  Repair Photos:
		Other	
FINALIZATION  Repair Contr	Date/Time: Confirm wi		irm by:
Repair Cost: FINAL SETTLEMENT	S\$ ( days) Reduction:  Date/Time: Confirm with	%	Email Call Call
Final Liability: Repair Cost: Loss of Rental (LOR): Loss of Use (LOU): Loss of Income (LOI):	%         (Agreed / Assessed) BOLA S/N           S\$         \$\$           S\$         \$\$           S\$         \$\$           S\$         \$\$           \$\$         \$\$           \$\$         \$\$           \$\$         \$\$           \$\$         \$\$           \$\$         \$\$           \$\$         \$\$	No.: If NO	or B 28, Ass. Lia :
LOR only LOU only		only one]	
GIA/LTA Search	S\$		N 10 1 0 1
Medical:	S\$	1) Cla	im status: Normal/Reject/Private Settle

(e.g. Tow/ Independent )

Global Sum S\$:

Confirm with:

Name 1:

Name 2:

Name 3:

2) Report Format:

Call

3) Survey fee:

Email

Disbursement:

FINAL PAYMENT

Payee 2: (Strike if N.A.)

Payee 3: (Strike if N.A.)

Legal Cost

Total:

Payee 1:

S\$

S\$

S\$

S\$

Date/Time:

Surveyor Tangles	
	SIGNMENT
From Date:	Veh No: SLG 76660 Yr Regn: 246 oct
13.4	Type: M(Ca) / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Estimated Cost:	Truck / Trailer or
OD (FP) WS / TP RES / OD RES / EVA / INV / MV	Make: Midsabish Httrag. ac 1193.
To Inspect Vehicle No:	Colour Clark A/C: Insured / Std / NI / NA
at Workshop m/s	1161
of	
Insured.	Eng/No:
Policy No.	C/No: 6 MUNSTA13AHH0632131
Claims No.	Gen. Cond: dod / Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inprde/ Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil / S/Rim / STD A/Rim of EXXIX
	Tyre Size: F: (85())
(Policy Condition)	R: 4 7
Remark: The veh had commenced its N/S O/S	
repair at the time of inspection.	TOYO/YOKO or Ao-leli
Bal, or Market Value: \$ 62K	Front Rear C
IDÃC 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 L/Bal. a 6 mm
Est. Repairs: days Res.: Yes or No	D.O.A. D.O.I. 18/4// 8/2/24
Lum Sum: % 3 Val.: Yes or No	Survey held at Dire Ath
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
Vehicle: IN / OL	т
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
TE TIME TO THE TENTH OF THE TEN	
Date / Time Action / Instruction	
Date / Time Action / Instruction	
Date / Time   Action / Instruction	
Date / Time   Action / Instruction	
Date / Time Action / Instruction	
Date / Time   Action / Instruction	
Date / Time Action / Instruction	
Date / Time Action / Instruction	
Date/Time, File Pass to? : Preli. Report	Days Of Repair:
Date/Time, File Pass to? : Preli. Report  1) : Final Report	Resurvey No. of Trip: Survey Fee:
Date/Time, File Pass to? : Preli. Report	Resurvey No. of Trip: Survey Fee:

Tech lovs (\$

Weekend (\$

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