15/5/2010		CC 3 /LCK 1800	7799,	0 - 2	LKK: IDAC:	
INS. CASE OWNER				0/00	IDAC.	
Surveyor:	YWK ASSIGNM		Date / Time:			
Surveyor.				Registered in Merim	27921.1	
Pre-assign / CCU /	FTE	. 7.0		regioned in mount	7-11	
Insured Vehicle No.		45] G				
***				. —		
Name of Insured			Policy No.	·		
Insured Tel No. :		HP: Make / Mod		d :		
Excess Sec II :S\$ D.O.A		D.O.A: 6-4-18	Place of Accident :			
Is driver the owner?	(YES / NO)	Nature of Accident :				
If NO, Driver Nam	ne / Age :		OI GIA REPO	RT: YES / NO ; TP C	GIA REPORT: YES / NO	
	Driver Tel No. : (V/L: YES / 1		Insured Liability: % Final? Yes / No			
S61042 k						
0410421			_			
INSRS: WSP: Cma 7	INSRS	S:	INSRS:		INSRS:	
WSP: SMET.	WSP:	1-1	WSP: Tel:	1	WSP: Tel:	
Liability:	Liabili	ty:	Liability:	R-S	Liability:	
RMKS:	RMKS	S:	RMKS:		RMKS:	
Date/ Time						
	SG 10 42K- X;	SH 457 G-X		STAGE	DATE / PIC	
				Non-Reporting ltr (1st		
				Non-Reporting ltr (2nd Non-Reporting ltr (Fir		
				Notification ltr (if non		
34				Call OI:		
- 19.				After call ltr to OI:		
				Documentation Chec		
				Notification ltr (if non	-pickup)	
				After call ltr to OI:		
				Authorisation To Act:		
				Release Voucher:		
- 3				Final Repair Bill:		
				Car Rental Invoice:		
A				Towing Invoice		
				LTA / GIA :		
				Medical Bill:		
				PIR:		
				Mandate/Reject Inst	ruction:	
				LOD		
DON'T VI COL				Payment Breakdown	Form:	
PRELIMINARY ADVICE	Date/Time:	Sent By:		Post-Repair Photos:		
FINALIZATION	Data/Time:	Confirm cultiv		Others:		
	Date/Time:	Confirm with:	0/	Confirm by:	Constitution of the Consti	
Repair Cost: FINAL SETTLEMENT	S\$ (Date/Time:	days) Reduction: Confirm with	%	The same of the sa	Email Call	
Final Liability:				Email Call	T.fa.	
Repair Cost:	% (Agreed	/ Assessed) BOLA S/N No. :		If NO or B 28, Ass.	L1a :	
Loss of Rental (LOR):	S\$ (days)				
Loss of Use (LOU):	S\$ (\$ x					
Loss of Income (LOI):	S\$ (\$ x					
LOR only LOU only		OR + LOI Tick only one	1			
GIA/LTA Search	S\$					
Medical:	S\$			1) Claim status: Nor	mal/Reject/Private Settle	
Disbursement:	S\$	(e.g. Tow/ Independen	t)	2) Report Format:	1	
Legal Cost	S\$			3) Survey fee:	The second second	
Total:	SS	Global Sum S\$:				
FINAL PAYMENT	Date/Time:	Confirm with:		Email Call		

S\$

S\$

S\$

Payee 1:

Payee 2: (Strike if N.A.)

Payce 3: (Strike if N.A.)

Name 1:

Name 2:

Name 3: