INS. CASE OWNER	R:	cc 6	/LCR1800	88061	UJa3 LKK: IDAC:			
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Surveyor:			01.		Date / Time : 13 1	1111	1-	
Pre-assign / CCU	/ FTE	_			Registered in Merimen:	10/21	_	
	(1 /	17071						
Insured Vehicle No	o. : _ o L C	1 - 1 -	_	Claim No.	:		_	
Name of Insured	1			Policy No.	:			
Insured Tel No.		HP:	. 1	Make / Model	:			
Excess Sec II :S\$		D.O.A : \$	18/18	Place of Accide	ent :		_	
Is driver the owner	r? (YES / NO)	Nature of A	ccident:					
		1444410 0111	oordon: ,	01.011.0000		onm 1000 (1)	10	
	If NO, Driver Name / Age : Driver Tel No. : (V/L: YES / NO.)			OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO Insured Liability: % Final? Yes / No				
017 7777	1.0.	(*/1	. 113/110)	msured Liabilit	y. 76 Final:	ECS / INO		
56 5500	¬N> _		 >					
INSRS:	TNS	RS:		DICDC.	DIG	D.C.		
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					Notification ltr (if non-pickup):			
					Call OI: After call ltr to OI:			
					Documentation Check List:	Handler Ty	pist	
					Notification ltr (if non-pickup)	1	Pior	
25					After call ltr to OI:			
					Authorisation To Act:			
					Release Voucher:			
					Final Repair Bill: Car Rental Invoice:			
					Towing Invoice			
					LTA / GIA :	-	_	
					Medical Bill:			
					PIR:			
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		C	ent By:		Payment Breakdown Form:			
RELIMINARY ADVICE	Data/Time:	0			Post Pengir Dhotos			
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T. 11 12 17		Sp.Reading 80	001	T/Radio: Insured / Std / NI / NA
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Claims No.		Steering: Increer 1 Ja		Burnt or
Sum Insured: Excess:			ammed / Leaked /	
(Client's Record) Make of Veh:			/ STD A/Rim or	
		Tyre Size: F:		160n/6
after 930am		R:	2.7/	001210
(Policy Condition) Remark: The veh had commenced its	N/S O/S		/GY/ES/117A/	MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	1	TOXONYOKO or	(1011101LILA)	mio / Orrivo / Frist Joseph
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7 2 2 Vol. V		Survey held at	7	- 12/2/10
6.57	2006		rt / Rear / O/S /	N/S / U/C / Rooftop or
CA I NEV I NET. I 24 IIIO	ehicle: IN / OUT	Dos. or Damagos . 1	Ree	
Date: Person Contacted:	3111010. 1117.007	The U/C / Chas		Structure affected due to collision.
Solf Confirms fin	el G	8400	vila a	enlye.
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