| INS. CASE OWNER | | CC 6/LCR 1800 | MISX, | UDAS IDAC: | |
|------------------------------------|---|--|--|---|-------------|
| Surveyor: | MARCUS | ASSIGN | MENT | Date / Time : | S |
| Surveyor. | | | 16/10 | Registered in Merimen: | MINU |
| Pre-assign / CCU / | FTE OV > A | 7 V | | registered in Wermen. | 11310 |
| Insured Vehicle No. | St2 47 | 101- | Claim Na | | |
| *** | | 4 | Claim No. | • | |
| Name of Insured | : | | Policy No. | · | |
| Insured Tel No. | : | HP: | Make / Model | : | |
| Excess Sec II :S\$ | | D.O.A: 17518 | Place of Accide | ent: | |
| Is driver the owner? | (YES / NO) | Nature of Accident : | | | |
| If NO, Driver Nam | ne / Age : | | OI GIA REPO | RT: YES / NO ; TP GIA REPORT | r· yes / NO |
| | Driver Tel No. : (V/L: YES / NO) | | Insured Liability: % Final ? Yes / No | | |
| SLP 7872 | C> | | | | |
| | | | | | |
| INSRS: WSP: Pay Wo | | | INSRS: WSP: | INSRS WSP: | |
| Liability: | Tel: Liabilit | v: 1 1 | Tel : Liability : | Tel: Liabilit | v . |
| RMKS: | RMKS: | 1/1/2 | RMKS: | RMKS | |
| Date/ Time | | | | | |
| | 0.0700- 4. | Char A Dall | V | STAGE | DATE / PIC |
| 11 / / | 84 1611 X | SCX 12/2/ | ^ | Non-Reporting ltr (1st): | |
| | М | | | Non-Reporting ltr (2nd): | |
| | | | | Non-Reporting ltr (Final): Notification ltr (if non-pickup): | |
| | | | | Call OI: | |
| | | | | After call ltr to OI: | |
| | | 4 | | Documentation Check List: Han | dler Typist |
| | | | | Notification ltr (if non-pickup) | |
| | | | | 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 Instruction: | |
| | | | | LOD Payment Breakdown Form: | |
| PRELIMINARY ADVICE | Date/Time: | Sent By: | | Post-Repair Photos: | |
| | | | | Others: | |
| FINALIZATION | Date/Time: | Confirm with: | Control of the Contro | Confirm by: | |
| Repair Cost: | S\$ (| days) Reduction: | % | Email | Call |
| FINAL SETTLEMENT | Date/Time: | Confirm with | | Email Call | |
| Final Liability: | | Assessed) BOLA S/N No.: | | If NO or B 28, Ass. Lia: | |
| Repair Cost: Loss of Rental (LOR): | S\$ S\$ | Acces | | | |
| Loss of Use (LOU): | S\$ (\$ x | days) | | | |
| Loss of Income (LOI): | S\$ (\$ x | days) | | | |
| LOR only LOU only | | OR + LOI [Tick only on | eì | | |
| GIA/LTA Search | S\$ | [21010miy vii | -1 | | |
| Medical: | S\$ 1) Claim status: Normal/Reject/Private Settle | | | Private Settle | |
| Disbursement: | S\$ | S\$ (e.g. Tow/ Independent) 2) Report Format: | | | N, |
| Legal Cost | S\$ | 2 | | 3) Survey fee; | |
| Total: | SS | Global Sum S\$: | | | |
| FINAL PAYMENT | Date/Time: | Confirm with: | | Email Call | |
| Payee 1: | S\$ | Name 1: | | | |
| Payee 2: (Strike if N.A.) | S\$ | Name 2: | | + | |
| Payce 3: (Strike if N.A.) | S\$ | Name 3: | | | |

| (08/11/13) wef ASS. REC. BY: Markus | 416/ 9157/ Wp63 | | | |
|--|---|--|--|--|
| - | GNMENT | | | |
| From: Date: | Veh No: SLP 7872 C Yr Regn: 6,17 | | | |
| 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 (9/ | | | |
| To Inspect Vehicle No: S2P 77 72 C | Make: Toxofo Viol c.c 1496 | | | |
| at Workshop m/s PepoSus | Colour S-free A/C: Insured / Std / NI / NA | | | |
| of | Sp.Reading 64569 T/Radio: Insured / Std / NI / NA | | | |
| Insured: 5 k + 9 270k | Eng/No: | | | |
| Policy No. | C/No: MH/FB29F37020/2020 | | | |
| Claims No. | Gen. Cond: Good / Fair / Poor / Burnt | | | |
| Sum Insured: Excess: | Steering: Inorder Jammed / Leaked / Burnt or | | | |
| (Client's Record) | Brake: Ingreder / Jammed / Leaked / Burnt or | | | |
| Make of Veh: | Modi: Nil / \$/Rim / STD A/Rim or | | | |
| | Tyre Size: F: 195/50216 | | | |
| (Policy Condition) | R: | | | |
| 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 | | | |
| Bal. or Market Value: | Front | | | |
| IDAC Accident Rport: Consistent? : Yes or No | R/Bal. 6 mm R/Bal. 0 mm | | | |
| CAA PR Seen: Consistent?: Yes or No | L/Bal. 6 mm L/Bal. 6 mm | | | |
| Est. Repairs: | D.O.A. 12/c/18 D.O.I. 2//c/18 | | | |
| Lum Sum: % 3 Val.: Yes or No | Survey held at | | | |
| CA / REV / REP. / 24 HRS | Des. of Damages : Frt / Rear / Q/S / N/S / U/C / Rooftop or | | | |
| Vehicle: IN / OUT | 0/5/2/ | | | |
| Date: Person Contacted: | The U/C / Chassis frame / Body Structure affected due to collision. | | | |
| Date / Time Action / Instruction 219 \$26 44 | | | | |
| | | | | |
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| | | | | |
| | 18 18 18 18 18 18 18 18 18 18 18 18 18 1 | | | |
| | | | | |
| Date/Time, File Pass to? : Preli. Report | ays Of Repair: | | | |
| | | | | |
| Date/Time, File Return to? | esurvey No. of Trip: Survey Fee: | | | |
| Add Fee: | Transportation: Site Insp (\$)S+RS,SI | | | |
| | : Interview (\$) Photos | | | |
| Report Format : | : Tech. Invs (\$) Others | | | |
| Lump Sum / I.B.I: (\$ | : Weekend (\$ | | | |
| , | | | | |
| | TOTAL | | | |