INS. CASE OWNER		ccb, Mh 180		1110	IDAC:	
	Amuan		NMENT Z-6/18		12.1.	-12
Surveyor:	0(0)	DOI:	5-6/10	Date / Time :	13-6.	1610
Pre-assign / CCI	/FTE	2/2		Registered in Merimo	en:	10(18
	Pre-assign/CCU/FTE GBE WY67U					
Insured Vehicle No	• • — —		Claim No.	:		
Name of Insured			Policy No.	:		
Insured Tel No. : HP:			Make / Model	Make / Model :		
Excess Sec II :SS		D.O.A: 11-6-18	Place of Accid	lent :		
Is driver the owner	? (YES / NO)	Nature of Accident :				
If NO, Driver Nan	ne / Age :		OI GIA REPO	ORT: YES / NO ; TP G	HA REPORT: YE	S/NO
Driver Tel No.: (V/L: YES / N						
SKH 4340	(λ					
WSP: Levy	INSRS WSP:		INSRS: WSP:		INSRS: WSP:	
H Ici.	H H lei;	1 A	Tel:	AA	Tel:	
Liability:	Liabilit	14 -1/1	Liability:	K	Liability:	
RMKS:	RMKS		RMKS:		RMKS:	
Date/ Time	[NI Halland	the Day		om, on	70.41	TE / DIG
	SKH 1340 M. X.	(186 129 dr x		STAGE Non-Reporting ltr (1st		TE / PIC
				Non-Reporting ltr (2nd	d):	
				Non-Reporting ltr (Fin Notification ltr (if non-		
50				Call OI:	рикиру.	
7				After call ltr to OI:		
				Documentation Chec		Typist
				Notification ltr (if non- After call ltr to OI:	-ріскир)	+ -
				Authorisation To Act:		
				Release Voucher:		
				Final Repair Bill:		
				Car Rental Invoice:		-
				Towing Invoice LTA / GIA :		-
	-			Medical Bill:		1
				PIR:		
				Mandate/Reject Instr	ruction:	
				LOD		
THE PARTY OF A PARTY OF	D. m	0 . 7		Payment Breakdown	Form:	- <u> </u>
RELIMINARY ADVICE	Date/Time:	Sent By:		Post-Repair Photos: Others:		-
NALIZATION	Date/Time:	Confirm with:		Confirm by:		
pair Cost:	S\$ (days) Reduction:	%		Email Call	
NAL SETTLEMENT	Date/Time:	Confirm with		Email Call		
nal Liability:		/ Assessed) BOLA S/N No.:		If NO or B 28, Ass. I	Lia :	
epair Cost: less of Rental (LOR):	S\$ S\$ (dava				
ss of Use (LOU):	S\$ (\$ x	days)				
ss of Income (LOI):	S\$ (\$ x					
OR only LOU only	T	OR + LOI [Tick only or	ne]			
A/LTA Search	S\$			1) Claim atatus N	mol/Dainot/Dainote	Sattle
edical: sbursement:	S\$ S\$ (e.g. Tow/ Independent)			Claim status: Normal/Reject/Private Settle Report Format:		
gal Cost	S\$ (e.g. 10W/ independent)			3) Survey fee:		29
tal:	SS	Global Sum SS:				
	Date/Time:	Confirm with:		Email Call		
NAL PAYMENT	S\$	Name 1:				
ayee 1:						
rayee 1: rayee 2: (Strike if N.A.) rayee 3: (Strike if N.A.)	S\$ S\$	Name 2: Name 3:	,			

ASSIGNMENT

From: Date:	Veh No: SKH4340U Yr Regn:				
Estimated Cost:	Type M.Can / 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: BM W c.c				
at Workshop m/s	Colour Red . A/C: Insured / Std / NI / NA				
of	Sp.Reading Std / NI / NA T/Radio: Insured / Std / NI / NA				
Insured:	Eng/No:				
Policy No.	C/No:				
Claims No.	Gen. Congl. Good / Fair / Poor / Burnt				
Sum Insured: Excess:	Steering: horder Jammed / Leaked / Burnt or				
(Client's Record)	Brake: Morder Jammed / Leaked / Burnt or				
Make of Veh:	Modi: Nil /S/Rim / STD A/Rim or				
	Tyre Size: F: 205/50R17. R: 205/50R17'				
(Policy Condition)	R: 205/50Ri7,				
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 Rear				
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 06 mm R/Bal. 06 mm				
GIA / PR Seen: Consistent? : Yes or No.	L/Bal. 06 mm L/Bal. 06 mm				
Est. Repairs: days Res.: Yes or No	D.O.A. D.O.I. 13/06/18.				
Lum Sum: % 3 Val.: Yes or No	Survey held at Leany				
	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or				
CA / REV / REP. / 24 HRS Vehicle: IN / O	Tront DS.				
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.				
Date / Time Action / Instruction TP A16					
Adrian Say hold first	, don't submit to AIIn first				
Date/Time, File Pass to? : Preli. Report	Days Of Repair:				
: Final Report	Resurvey No. of Trip: Survey Fee:				
Date/Time, File Return to?	Transportation:				
2) Add F	ee: : Site Insp (\$) _ s+RSSI				
	: Interview (\$) Photos				
Report Format :	: Tech. Invs (\$) Others				
Lump Surfi / LB.I: (\$:Weekend (\$				
	TOTAL				