15/5/2010		a A	LKK:
INS, CASE OWNER;	CC 3 / AIG 180 1201	8 / 11 yas	IDAC:
ING. CASE OWNER.			

Surveyor:	ADRIAN	DOI:	S/X/X	1/8	Date / Time :	3/7/18	-	
	1.5 1.101				Registered in Merime	n: 3/7/	18	
Pre-assign / CCU	/ FTE							
Insured Vehicle No	SLR!	1566 R		Claim No.			(
**							(
Name of Insured	1			Policy No.	:		_	
Insured Tel No.		_HP:		Make / Model	:			
Excess Sec II :SS		D.O.A: 1-7-	- 18	Place of Accide	ent:			
Is driver the owner	? (YES / NO)	Nature of Acciden	it :					
If NO, Driver Nan	ne / Age :			OI GIA REPOI	I GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO			
Driver Tel 1	Driver Tel No. : (V/L: YES / NO		S/NO)	Insured Liabilit	lity: % Final? Yes/No			
SLR 3304	S		→					
INSRS: Premite WSP: Tel: Liability: RMKS:	INCRE	ity:		INSRS: WSP: Tel: Liability: RMKS:		INSRS: WSP: Tel: Liability: RMKS:		
Date/ Time								
	SLR33045-X;	SLR1566	R-X		STAGE	DA	ΓE / PIC	
					Non-Reporting ltr (1st)			
					Non-Reporting ltr (2nd) Non-Reporting ltr (Fina			
					Notification ltr (if non-			
					Call OI:			
					After call ltr to OI:	* * * * * * * * * * * * * * * * * * * *	m	
					Documentation Check		Typist	
					Notification ltr (if non- After call ltr to OI:	лскир)	1 -	
					Authorisation To Act:			
					Release Voucher:			
					Final Repair Bill:			
					Car Rental Invoice:			
					Towing Invoice			
					LTA / GIA :			
					Medical Bill:			
					PIR:			
					Mandate/Reject Instru	iction:		
					LOD			
RELIMINARY ADVICE	Data/Time:	S+ D-			Payment Breakdown	Form:	- <u>-</u>	
RELIMINARY ADVICE	Date/Time;	Sent By	/;		Post-Repair Photos: Others:		+ -	
INALIZATION	Date/Time:	Confirm	n with:		Confirm by:			
epair Cost:	S\$ (days) Reducti		%		mail Call		
INAL SETTLEMENT	Date/Time:	Confirm with		70	Email Call			
inal Liability:		/ Assessed) BOLA	S/N No. :		If NO or B 28, Ass. L	ia:		
epair Cost:	S\$							
oss of Rental (LOR):	S\$ (days)						
oss of Use (LOU):	S\$ (\$ x							
oss of Income (LOI):	S\$ (\$ x							
OR only LOU only		LOR + LOI	[Tick only one]					
IA/LTA Search	S\$				1) Claim states No.	and/Dejact/Dejact	Sattla	
fedical:				Claim status: Norn Report Format:	iai/Reject/Private	Seille		
isbursement:	S\$ S\$	(e.g. 10	ow/ independent)		3) Survey fee:		9	
egal Cost					12/2011/03/2001			
		Global Sum SS:						
Cotal:	S\$ Date/Time:	Global Sum S\$: Confirm with:			Email Call			
FINAL PAYMENT	S\$ Date/Time:	Confirm with:			Email Call			
Legal Cost FOTAL: FINAL PAYMENT Payee 1: Payee 2: (Strike if N.A.)	S\$				Email Call			

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

ASS. REC. BY: Adrian Ling .					
ASSI	GNMENT				
From: Date:	Veh No: SLR 33045 Yr Regn: 2017, Augus				
Estimated Cost:	Type: (n.Car) / 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: Andi A3 c.c 989				
at Workshop m/s	Colour While . A/C: Insured / Std / NI / NA				
of	Sp.Reading 22160 T/Radio: Insured / Std / NI / NA				
Insured:	Eng/No:				
Policy No.	C/No: WAUZZZSVO J1002311				
Claims No.	Gen. Cond: Good / Fair / Poor / Burnt				
Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or				
(Client's Record)	Brake: Inotder/ Jammed / Leaked / Burnt or				
Make of Veh:	Modi: Nil /S/Rim V STD A/Rim or				
Thanks of You	Tyre Size: F: 225/40R/8				
(Policy Condition)	R: 225/40R18.				
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. OC mm R/Bal. OC 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. 05 07 /8.				
Lum Sum: % 3 Val.: Yes or No	Survey held at Premium				
CA / DEV / DED / 24 UDS	Des. of Damages : Frt / Rear O/S / N/S / U/C / Rooftop or				
CA / REV / REP. / 24 HRS Vehicle: IN / OUT	CI C				
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.				
Date / Time Action / Instruction	•				
TP ALG.					
Date/Time, File Pass to? : Preli. Report	Days Of Repair:				
i) : Final Report	Resurvey No. of Trip: Survey Fee:				
Date/Time, File Return to?	Transportation:				
2) Add Fee	: Site Insp (\$)s+Rssi				
	: Interview (\$) Photos				
Report Format:	: Tech, Invs (\$) Others				

Weekend (\$

TOTAL