| 15/5/2010 | 1 6 | 1801 W8 A | eloh LKK: | |
|-------------------------------|--|------------------|---|--|
| INS. CASE OWNE | | 1001 | | |
| Surveyor: | Mikh DOI: | ASSIGNMENT 18 | Date / Time: | |
| | | | Registered in Merimen: | |
| Pre-assign / CCU | (1 | | | |
| Insured Vehicle N | o. : GV bfrl | Claim No. | : | |
| Name of Insured | | Policy No. | : | |
| R_U | · | | | |
| Insured Tel No. | HP:HP: | Make / Model | | |
| Excess Sec II :S\$ | D.O.A: 09 1 | Place of Accider | nt : | |
| Is driver the owner | r? (YES / NO) Nature of Accident : | | | |
| If NO, Driver Na Driver Te | | | OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO Insured Liability : % Final ? Yes / No | |
| 5BQ 670 | 179 | | | |
| - | | | | |
| INSRS: WSP: | INSRS: WSP: | INSRS: WSP: | INSRS: WSP: | |
| | 1 1 | Tel: | Tel: | |
| Liability: W | otov Tel: Liability: | Liability: | Liability: | |
| RMKS: | RMKS: | RMKS: | RMKS: | |
| Date/ Time | | | | |
| | Spril 67174 7 was of 4141600 | While DIA Italy | STAGE DATE/PIC | |
| | Charles (stones | solve in callier | Non-Reporting ltr (1st): | |
| | the viet viet viet viet viet viet viet vie | | Non-Reporting ltr (2nd): | |
| | | | Non-Reporting ltr (Final): Notification ltr (if non-pickup): | |
| + | | | Call OI: | |
| | | | After call ltr to OI: | |
| | | | Documentation Check List: Handler 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: | |
| | on by: | | Others: | |
| FINALIZATION | Date/Time: Confirm w | | Confirm by: | |
| Repair Cost: | S\$ (days)Reduction: | % | Email Call | |
| FINAL SETTLEMENT | Date/Time: Confirm with | | Email Cal | |
| Final Liability: | % (Agreed / Assessed) BOLA S/N | | If NO or B 28, Ass. Lia : | |
| Repair Cost: | S\$ | | | |
| Loss of Rental (LOR): | S\$ (days) | | | |
| Loss of Use (LOU): | S\$ (S x days) | | | |
| Loss of Income (LOI): | S\$ (\$ x days) | | | |
| LOR only LOU only | | ick only one] | | |
| GIA/LTA Search Medical: | S\$ S\$ | | 1) Claim status Normal/Daiast/Daiast/Daiast | |
| Disbursement: | | | Claim status: Normal/Reject/Private Settle Report Format: | |
| Legal Cost | S\$ (e.g. Tow/ | | 3) Survey fee: | |
| Total: | S\$ Global Sum S\$: | | of ourself too. | |
| FINAL PAYMENT | Date/Time: Confirm with: | | Email Cal | |
| Payee 1: | S\$ Name 1: | | | |
| Payee 2: (Strike if N.A.) | S\$ Name 2: | | | |
| Payee 3: (Strike if N.A.) | S\$ Name 2: | | | |
| ve an (somme in times) | | | | |

| ASSI | [G] | NM | E | T |
|------|-----|----|---|---|
| | _ | _ | _ | _ |

| From: Date: | Veh No: SBQ67976. Yr Regn: 1918 , June . | | | |
|--|---|--|--|--|
| 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 | | | |
| To Inspect Vehicle No: | Make: Kia Stinges - c.c 1988 | | | |
| at Workshop m/s | Colour While A/C: Insured / Std / NI / NA | | | |
| of | Sp.Reading 2036 . T/Radio: Insured / Std / NI / NA | | | |
| Insured: | Eng/No: | | | |
| Policy No. | C/No: KNAE351AMJ6009410. | | | |
| Claims No. | Gen. Cond. Good) Fair / Poor / Burnt | | | |
| Sum Insured: Excess: | Steering: Inorder / Jammed / Leaked / Burnt or | | | |
| (Client's Record) | Brake: Inorder / Jammed / Leaked / Burnt or | | | |
| Make of Veh; | Modi: Nil (SiRim) STD A/Rim or | | | |
| | Tyre Size: F: 225/45R18 | | | |
| (Policy Condition) | R: 225/45R18 | | | |
| 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 Continental. | | | |
| Bal. or Market Value: | <u>Front</u> <u>Rear</u> | | | |
| 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. 1907/18 | | | |
| Lum Sum: % 3 Val.: Yes or No Survey held at Payer Ubi- | | | | |
| CA / REV / REP. / 24 HRS | Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or | | | |
| Vehicle: IN / OUT | GI- | | | |
| Date: Person Contacted: | The U/C / Chassis frame / Body Structure affected due to collision. | | | |
| Date / Time Action / Instruction TK Mutur. | | | | |
| it comm. IK moju. | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Date/Time, File Pass to? : Preli. Report | Days Of Repair: | | | |
| | 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 | | | |
| Lump Sum / I.B.I: (\$ | :Weekend (\$ | | | |
| | TOTAL | | | |