INS. CASE OWNER	3	CC 4 /ICS1801	mnV,	Hebb IDAC:	
Surveyor:	Minn	DOI: ASSIGN		Date / Time :	W
Pre-assign / CCU Insured Vehicle No Name of Insured Insured Tel No. Excess Sec II :S\$ Is driver the owner	s 31 44	HP: D.O.A: UTTUS Nature of Accident:	Claim No. Policy No. Make / Model Place of Accid		1 <u> </u> - -
If NO, Driver Nar Driver Tel	Contract to the contract of th	(V/L: YES / NO)	OI GIA REPO Insured Liabili	RT: YES / NO ; TP GIA REPORT: YES ty: % Final ? Yes / No	/ NO
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				Notification ltr (if non-pickup)	ypist
				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	
PRELIMINARY ADVICE	Data/Pierra	C . D		Payment Breakdown Form:	
PRELIMINARY ADVICE	Date/Time:	Sent By:		Post-Repair Photos: Others:	
FINALIZATION	Date/Time:	Confirm with:		Confirm by:	
Repair Cost:	S\$ (days) Reduction:	%	Email Call	
FINAL SETTLEMENT		Confirm with		Email Cal	
Final Liability:		Assessed) BOLA S/N No.:		If NO or B 28, Ass. Lia:	
Repair Cost:	S\$				
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LOR only LOU only		days) OR + LO Tick only one	el		
GIA/LTA Search	S\$	[Zich ving vin	-4		
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Disbursement:	SS	(e.g. Tow/ Independent)	2) Report Format:	
Legal Cost	SS	(-B. 10m macpendem		3) Survey fee:	
Total:	S\$	Global Sum S\$:			
FINAL PAYMENT	Date/Time:	Confirm with:		Email Cal	
Payee 1:	SS	Name 1:			
Payee 2: (Strike if N.A.)	55	Name 2:			

Payee 3: (Strike if N.A.)

S\$

Name 3:

From: Delic: Estimated Cost. OD / TP / WS / TP RES / OD RES / EVA / INV / MV To Inspect Vehicle No: at Workshop m/s of lineured: Policy No. Claims No. Sum Insured: Policy Condition) Remark: The veh had commenced its repair at the time of inspection. Bot. or Marked Value: IDAC Accident Rport: Consistent?: Yes or No GliA / PR / Seen: Consistent?: Yes or No Claim Sum: Sum: Sum: Sum: Sum: Sum: Sum: Sum:	AS	SIGNMENT
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