15/5/2010		CC 4 /AIG1801	hill ,	() () () () ()	CK: AC:
INS. CASE OWNE			100. /	ID	AC.
Surveyor:	xau	DOI: ASSIGN		Date / Time :	4/4/18
			( (	Registered in Merimer	1: NATA (18
Pre-assign / CC	U/FTE CL.bo	44094			
Insured Vehicle	No. :	1909	Claim No.	:	
Name of Insured			Policy No.		
K U					
Insured Tel No.	1	/	Make / Model		
Excess Sec II :S	<u> </u>	D.O.A: 10 17/18	Place of Accid	dent :	
Is driver the own	er? (YES / NO)	Nature of Accident :			
If NO, Driver N	ame / Age :		OI GIA REPO	ORT: YES / NO ; TP GL	A REPORT: YES / NO
Driver Tel No. : (V/L: YES / NO			Insured Liability: % Final? Yes / No		
5JL 860	)6T				2 11 11 11 11 11
INSRS:	INSRS		INSRS:		INSRS:
- woon			WSP:		WSP:
Tel: GW	Tel:	HA	Tel:	HH	Tel:
RMKS:	Liabilit	1/4 - 1/4	Liability:		Liability:
	KWIKS		RMKS:		RMKS:
Date/ Time	010 00 11 2 10	C. 100 c. 1 - 10	h VA		
	97186067-4	sim me o	4-70	STAGE	DATE/PIC
	0			Non-Reporting ltr (1st): Non-Reporting ltr (2nd):	
				Non-Reporting ltr (Final)	
				Notification ltr (if non-pic	:kup):
				Call OI:	
				After call ltr to OI:	Lie H. D. T. Lie
				Documentation Check I Notification ltr (if non-pic	
				After call ltr to OI:	Kup)
				Authorisation To Act:	
				Release Voucher:	
				Final Repair Bill:	
				Car Rental Invoice:	
				Towing Invoice	
				LTA / GIA :	
				Medical Bill:	
				PIR:	tion
				Mandate/Reject Instruct LOD	uon.
				Payment Breakdown Fe	orm:
PRELIMINARY ADVICE	Date/Time:	Sent By:		Post-Repair Photos:	
				Others:	
FINALIZATION Consist Control	Date/Time:	Confirm with:	100	Confirm by:	
Repair Cost: FINAL SETTLEMENT	S\$ (	days) Reduction:	%	Ema	ail Call
Final Liability:		Confirm with		Email Cal	
Repair Cost:	S\$ (Agreed / I	Assessed) BOLA S/N No. :		If NO or B 28, Ass. Lia	
oss of Rental (LOR);	S\$ (	days)			
oss of Use (LOU):	S\$ (S x	days)			
oss of Income (LOI):	SS (S x	days)			
OR only LOU only SIA/LTA Search		OR + LO [Tick only or	ne]		
Medical:	SS SS			IV OIL	
Disbursement:	SS	(on Toud Indones des	**	1) Claim status: Normal	/Reject/Private Settle
egal Cost	SS	(e.g. Tow/ Independer	it f	Report Format: Survey fee:	
Cotal:	179708-1	Global Sum S\$:		e, our of too.	
FINAL PAYMENT		Confirm with:		Email Cal	
Payee 1:	S\$	Name 1:			
Payee 2: (Strike if N.A.)	SS	Name 2:			
Payee 3: (Strike if N.A.)	S\$	Name 3:			

- GIMMUU