15/5/2010		CC 6 /AIG1801	t575,	IDAC:	
INS. CASE OWNER:	marus	ASSIGN	MENT	28	lox 1 18
Surveyor:	IMM (OOC)	DOI:	8 (1)	Date / Time : V 1 Registered in Merimen:	VY KILX
Pre-assign / CCU /	FTE			Registered in Merimen.	110
Insured Vehicle No.	fy H [2.	61 A	Claim No.	:	
***			Policy No.		
Name of Insured	-				
Insured Tel No.	-:	-21 N	Make / Model		
Excess Sec II :S\$		D.O.A: VT 8 18	Place of Accid	ent :	
Is driver the owner?	(YES / NO)	Nature of Accident :			m VEG (NO
If NO. Driver Nam Driver Tel N		(V/L: YES / NO)	OI GIA REPO Insured Liabili	RT: YES / NO ; TP GIA REPOR	
S\$ 7 297.	\square \longrightarrow \square				
INSRS: WSP: Tel: Liability: RMKS:	INSRS WSP: Tel: Liabilli RMKS	ıy:	INSRS: WSP: Tel: Liability: RMKS:	INSRS WSP: Tel: Liabili RMKS	ıy:
Date/ Time					
	Spt7977-4	SYM4761A	-4	STAGE Non-Reporting ltr (1st):	DATE/PIC
				Non-Reporting ltr (2nd):	
				Non-Reporting ltr (Final): Notification ltr (if non-pickup):	
				Call OI:	
				After call ltr to OI:	
				Documentation Check List: Han	dler Typist
				Notification ltr (if non-pickup)	
				After call ltr to OI: Authorisation To Act:	
				Release Voucher:	HH
				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:	
				Others:	
FINALIZATION	Date/Time:	Confirm with:		Confirm by:	
Repair Cost:	S\$ (days) Reduction:	%		Call
FINAL SETTLEMENT	Date/Time:	Confirm with		Email Cal If NO or B 28, Ass. Lia:	
Final Liability: Repair Cost:	% (Agreed /	Assessed) BOLA S/N No. :		II NO or B 28, Ass. Lia:	
Loss of Rental (LOR):	S\$ (days)			
Loss of Use (LOU):	S\$ (S x				
Loss of Income (LOI):	S\$ (\$ x	days)			
LOR only LOU only		LOR + LO [Tick only o	one]		
GIA/LTA Search	SS			10 (71)	D-:
Medical:	S\$	(a.a. W(1)		Claim status: Normal/Reject/ Report Format:	Private Settle
Disbursement: Legal Cost	S\$ S\$	(e.g. Tow/ Independe	ent)	3) Survey fee:	
Total:	S\$	Global Sum S\$:		1-7-2-11-11-11-11-11-11-11-11-11-11-11-11-1	
FINAL PAYMENT	Date/Time:	Confirm with:		Email Cal	
Payce 1:	SS	Name 1:			
Payee 2: (Strike if N.A.)	S\$	Name 2:			
Payee 3: (Strike if N.A.)	S\$	Name 3:			

n3) wef REF:	41(7./
REC. BY: MORIUS	GNMENT
1 1	127291/ Yr Regn: 11/
Date:	Veh No: SIZ C V 7 / T Tribeston Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
m: Bate.	
mated Cost:	Truck/Trailer or A c.c 2998
TP) WS/TP RES/OD RES/EVALINY/MY 2977	Make: Augu Af C.C 277
Inspect Vehicle No.	Colour Starle A/C: Insured / Std / NI / NA
Norkshop m/s // // Chu	Sp.Reading 12890 T/Radio: Insured / Std / NI / NA
17/1	
sured: - SJM 4761 A	Eng/No: WAUZZZ 4MZBN 006953
	C/No: WAUNG THE STATE OF THE ST
olicy No.	Gen. Cond. Good / Fair / Poor / Burnt
laims No	Steering: Increer / Jammed / Leaked / Burnt or
um Insured.	Brake: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Modi: Nil / SIRim STD A/Rim or
Nake of Veh:	Tyre Size: F:
	7 R: LS (748 K/9
(Policy Condition)	AND THE WAS A MIC LOHTSU WERDSUMI
Remark: The veh had commenced its N/S O/	
repair at the time of inspection.	TOYO / YOKO or
	Front 6 Rear 6 mm
Bal. or Market Value: Consistent? : Yes or No	R/Bal. mm
Consistent 2: Yes or No	L/Bal. L/Bal. L/Bal.
GIA / PR Seen.	D.O.A. 27/8/18
Est Repails.	Survey held at
Lum Sum: % 3 Val.: Yes- or No	Des. of Damages : Frt / Rear O/S / N/S / U/C / Rooftop or
CA REV REP. 24 HRS 9/99 C	1920~
Vehicle: IN/	OUT The U/C / Chassis frame / Body Structure affected due to collision.
Date:Person Contacted:	The U/C / Chassis mains / Dowy
Date / Time Action / Instruction	
	*
	Days Of Repair:
Date/Time, File Pass to? : Preli. Report	Days Of Repair: Resurvey No. of Trip: Survey Fee:
Date/Time, File Pass to? : Preli. Report 1) : Final Report	Days Of Repair:
1) : Final Report	Days Of Repair: Resurvey No. of Trip: Transportation:
1) Date/Time, File Return to? : Final Report	Days Of Repair: Resurvey No. of Trip: Transportation: dd Fee: Survey Fee: Transportation: S+RS,_SI
1) : Final Report	Days Of Repair: Resurvey No. of Trip: Survey Fee: Transportation: Stre Insp (\$) S+RSSI Interview (\$) Photos
1) Date/Time, File Return to? : Final Report	Days Of Repair: Resurvey No. of Trip: Transportation: dd Fee: Survey Fee: Transportation: S+RS,_SI