15/5/2010		CC 4/1111801 \$9	87,	Ppbh LKK: IDAC:
INS. CASE OWNER				
Surveyor:	Min	DOI: ASSIGNN	4/18	Date / Time : 71 8 18 Registered in Merimen: 719 18
Pre-assign / CCU	SHB Y	1975	Claim No.	Registered in Merlinen.
Insured Vehicle No).			
Name of Insured	3		Policy No.	:
Insured Tel No.	:	HP:	Make / Model	:
Excess Sec II :S\$		D.O.A: 26 8 8.	Place of Accid	ent :
Is driver the owner	? (YES / NO)	Nature of Accident :		
If NO, Driver Nar	ne / Age :		OI GIA REPO	RT: YES / NO ; TP GIA REPORT: YES / NO
Driver Tel	No. :	(V/L: YES / NO)	Insured Liabili	The second second second
SJM 816	<u>17 </u>			
INSRS: WSP: Tel: Liability: RMKS:	INSRS WSP: Tel: Liabili RMKS	ty:	INSRS: WSP: Tel: Liability: RMKS:	INSRS: WSP: Tel: Liability: RMKS:
Date/ Time		Char		
	57M8191-4	410 A 129	2-4	STAGE DATE/PIC
				Non-Reporting ltr (1st): 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:
				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	Date/Time:	Confirm with		Email Cal
Final Liability:		Assessed) BOLA S/N No. :		If NO or B 28, Ass. Lia:
Repair Cost:	S\$	4>		
Loss of Rental (LOR): Loss of Use (LOU):	S\$ (S\$ (S x	days)		
Loss of Use (LOU): Loss of Income (LOI):	S\$ (S x S\$ (S x			
LOR only LOU only		LOR + LO [Tick only one	1	
GIA/LTA Search	S\$	[I ick only one	1	
Medical:	SS			1) Claim status: Normal/Reject/Private Settle
Disbursement:	SS	(e.g. Tow/ Independent)	2) Report Format:
Legal Cost	SS	V. G		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.)	SS	Name 2:		
Payee 3: (Strike if N.A.)	SS	Name 3:		

AS	SIGNMENT 19 12/08.
From: Date:	Veh No: SJM319T. Yr Regn: 2008 / Dec
From: Date: Estimated Cost:	Type: M.Cap/ 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: Handa Fit c.c 1339.
af Workshop m/s	Colour Silves - A/C: Insured / Std / NI / NA
of	Sp.Reading 278048 T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:
Policy No.	C/No: GE 6113 0606
Claims No.	Gen. Cond Good Fair / Poor / Burnt
Sum Insured: Excess:	Steering: horder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Worder / Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil I/SIRim / STD A/Rim or
	Tyre Size: F: 185/60R15
(Policy Condition)	R: 185/60815.
Remark: The veh had commenced its N/S O/S	
repair at the time of inspection.	TOYO / YOKO or
Bal. or Market Value:	Front Rear
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. 03/09/18.
Lum Sum: % 3 Val.: Yes or No	Survey held at Kang.
	Des. of Damages : Frt / Rear) O/S T N/S / U/C / Rooftop or
CA / REV / REP. / 24 HRS Vehicle: IN / OU	
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	
TP 111	
mv: 11K	
9V: 7.7K	
Net: 3.3K ,	

: Prot Toport

Respondence