15/5/2010		CC h/AIG1801	MIX P	Luba 1:	LKK: DAC:
INS. CASE OWNE					
Surveyor:	Rachl	DOI:	MENT	Date / Time :	Malis
				Registered in Merimo	en: VOGI (6
Pre-assign / CC	SEU	HATTE	Claim No.	:	
Name of Insured			Policy No.		
R_Q	•				
Insured Tel No.	:	- 16 14.	Make / Model		
Excess Sec II :SS Is driver the owner.		D.O.A : Nature of Accident :	Place of Accid	ent :	
If NO . Driver No Driver Te		(V/L: YES / NO)	OI GIA REPO Insured Liabili		IA REPORT: YES / NO
5HB 591	av				·
INSRS:	INSR	.29	INSRS:		INSRS:
WSP:	WSP	D II	WSP:		WSP:
	W Tel:	пп	Tel:	HH	Tel:
Liability: RMKS:	Liabi	1/4 -1/1	Liability : RMKS:		Liability : RMKS:
Date/ Time	Kink		KWK5.		KWKS.
Date/ Time	5110150 (a L-4	Ckn Wh	TOX	STAGE	DATE / PIC
	71079-1010-4	Sporting	SF	Non-Reporting ltr (1st):	
				Non-Reporting ltr (2nd	
				Non-Reporting ltr (Fina	
				Notification ltr (if non-p	nickup):
				Call OI:	
				After call ltr to OI:	
				Documentation Check	
				Notification ltr (if non-p	rickup)
				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 Instr	uction:
				LOD	
Lucius de La company				Payment Breakdown	Form:
PRELIMINARY ADVICE	¿ Date/Time:	Sent By:		Post-Repair Photos:	
				Others:	
FINALIZATION	Date/Time:	Confirm with:		Confirm by:	
Repair Cost: FINAL SETTLEMENT	S\$ (days) Reduction:	%		mail Call L
	Date/Time:	Confirm with		Email Cal	
Final Liability: Repair Cost:	% (Agreed S\$	/ Assessed) BOLA S/N No. :		If NO or B 28, Ass. L	ia:
Loss of Rental (LOR):	SS (dave)			
Loss of Use (LOU):		days) x days)			
Loss of Income (LOI):	22	x days)			
LOR only LOU only		LOR + LO [Tick only	onel		
GIA/LTA Search	S\$	THE ONLY	onej		
Medical:	S\$			1) Claim status Norm	nal/Reject/Private Settle
Disbursement:	S\$	(e.g. Tow/ Independ	lont)	ATTACABLE TO A STATE OF THE STA	ian rejecut iivate settle
Legal Cost	S\$	(e.g. 10w/ independ	ient)	Report Format: Survey fee:	
Total:	S\$	Global Sum S\$:		D) Burvey Ice.	
FINAL PAYMENT	Date/Time:	Confirm with:		Email Cal	
				Emant Call	
Payee 1:	S\$	Name 1:			
Payee 2: (Strike if N.A.)	S\$	Name 2:			
Payee 3: (Strike if N.A.)	S\$	Name 3:			

Guyande: CRM REF:					
allasting.	GNMENT				
From: Date:	Veh No: SHB 6919C Yr Regn: 2017 / DAC				
Estimated Cost:	Type: M.Car / M.Cycle / Bus / Van / Lorry / Tax / Prime Mover /				
OD / TP /)WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or				
To Inspect Vehicle No:	Make: TOYOTA PRIMS 1.8 c.c 1798				
at Workshop m/s	Colour MAROW A/C: Insured / Std / NI / NA				
of	Sp.Reading - T/Radio: Insured / Std / NI / NA				
Insured:	Eng/No:				
Policy No.	C/No: 3TDKB3FU103576046				
Claims No.	Gen. Cond: Good / Fair / Poor / Burnt				
Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or				
(Client's Record) Brake: norder / Jammed / Leaked / Burnt or					
Make of Veh:	Modi: NI / SRim / STD A/Rim or				
	Tyre Size: F: 195/65Ri5				
(Policy Condition)	R:				
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 OF FALKEN				
Bal. or Market Value:	<u>Front</u> <u>Rear</u>				
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 6 mm R/Bal. 6 mm				
GIA / PR Seen: Consistent?: Yes or No	L/Bal. L/Bal. 6 mm				
Est. Repairs: days Res.: Yes or No	D.O.A. 17/09/18 D.O.I. 17/09/18				
Lum Sum: % 3 Val.: Yes or No	Survey held at SmRT				
CA / REV / REP. / 24 HRS	Des. of Damages : Frt Real / O/S / N/S / U/C / Rooftop or				
Vehicle: IN / OUT Date:Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.				
Date / Time Action / Instruction					
	09/18/2076				
-	09/18/2076 A14/SK433558				
	414/3K4 7755K				
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					
	: Interview (\$) Photos				
Report Format :	: Tech. Invs (\$) Others				
Lump Sum / I.B.I: (\$:Weekend (\$				
·	TOTAL				