15/5/2010 INS. CASE OWNER:		CC 3/ FOI 180	7198, Plua3	LKK: IDAC:	
Surveyor:	Magne	DOI: ASSIGNMI	ENT Date / Time :	19/9/18	
Pre-assign / CCU / Insured Vehicle No. Name of Insured Insured Tel No. Excess Sec II :S\$ Is driver the owner?	6 y	HP: D.O.A: \(\frac{1\psi 0}{1\psi} \) Nature of Accident:	Registered in Claim No. : Policy No. : Make / Model : Place of Accident :	Merimen:	
If NO, Driver Nam Driver Tel N		(V/L: YES / NÖĞ)	OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO (V/L: YES / NO) Insured Liability: % Final? Yes / No		
SHC 4810	<u>0H</u> —→		_		
INSRS: WSP: Tel: Liability: RMKS:	INSRS: WSP: Tel: Liability RMKS:		INSRS: WSP: Tel: Liability: RMKS:	INSRS: WSP: Tel: Liability: RMKS:	
Date/ Time	1. 11 5.110.11		A CONTRACTOR OF THE PARTY OF TH	TENNO TRANSPORTATION AND A STREET OF THE STR	
	54 C 4310 H - WAY	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Call OI: After call ltr to Documentation Notification Itr After call ltr to Authorisation Release Vouch Final Repair B Car Rental Inv Towing Invoice LTA / GIA: Medical Bill: PIR: Mandate/Rejo	g ltr (2nd): g ltr (Final): f (if non-pickup): OI: On Check List: Handler Typi f (if non-pickup) OI: To Act: her: ill:	
PRELIMINARY ADVICE	Date/Time:	Sent By:	Post-Repair I	hotos:	
Repair Cost:	Date/Time: S\$ (Confirm with: days) Reduction:	Others: Confirm by:	Email Call	
Final Liability: Repair Cost:	Date/Time: % (Agreed / S\$ S\$ (Confirm with Assessed) BOLA S/N No.; days)	Email If NO or B 2:	Call 8, Ass. Lia :	
Loss of Income (LOI): LOR only LOU only GIA/LTA Search	S\$ (\$ x S\$ (\$ x LOR+LOU LO	days) days) OR + LOI [Tick only one]			
Medical: Disbursement: Legal Cost Total:	S\$ S\$ S\$	(e.g. Tow/ Independent) Global Sum S\$:	1) Claim stat 2) Report For 3) Survey fee		
Payee 2: (Strike if N.A.)	Date/Time: S\$ S\$ S\$	Confirm with: Name 1: Name 2: Name 3:	Email	Call	

Payee 3: (Strike if N.A.)

Sureyor: Lagar REF:			
	IGNMENT		
From: Date:	Veh No: SHC 4510H Yr Regn: 707 104		
Estimated Cost:	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxt / Prime Mover /		
DD / TP //WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or		
o Inspect Vehicle No:	Make: TOYOTA PRIMS 1-8 c.c 1798 Colour MARSON A/C: Insured/Std/NI/NA		
at Workshop m/s	1110-0		
of			
nsured:	Eng/No:		
Policy No.	C/No: JTD KB 3FU 00 35 73106		
Claims No.	Gen. Cond: Good / Fais / Poor / Burnt		
Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or		
(Client's Record)	Brake: horder / Jammed / Leaked / Burnt or		
Make of Veh:	Modi: Nil S/Rim / STD A/Rim or		
(Delian Condition)	Tyre Size: F: 195/65.R15		
(Policy Condition) 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 or FALKEN		
Bal. or Market Value:	Front Rear		
DAC Accident Rport: Consistent?: Yes or No	R/Bal. 6 mm R/Bal. 6 mm		
GIA / PR Seen: Consistent?: Yes or No	L/Bal. 6 mm		
Est. Repairs: days Res.: Yes or No	D.O.A. 14 08 18 D.O.I. 19/09/08		
Lum Sum: % 3 Val.: Yes or No	Survey held at SMET		
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or		
Date: Person Contacted: Vehicle: IN / OUT	The U/C / Chassis frame / Body Structure affected due to collision		
Date / Time Action / Instruction			
	09/18/206		
	50 LCU/641		
	EQ GY 681 U		
Date/Time, File Pass to? : Preli. Report	Days Of Repair:		
1) : Final Report	Resurvey No. of Trip: Survey Fee:		
Date/Time, File Return to?	Transportation:		
Add Fe	e: : Site Insp (\$)s + Rs,si		
i	: Interview (\$) Photos		
Report Format :	: Tech. Invs (\$) Others		
Lump Sum / I B I: (\$	Weekend (\$		

TOTAL