15/5/2010		CC 4/AXA1801	SHY	MUBH. LKK:		
INS. CASE OWNER:			1		101-1-6	
Surveyor:	marcuas	DOI: ASSIGN	NIN	Date / Time :	ip[in]ag	
			1	Registered in Merimen:	. 1	
Pre-assign / CCU /	FTE GBB	8057B	Claim No.	5 16 MO	1 x mp 75051	
Insured Vehicle No.	-				*	
Name of Insured			Policy No.			
Insured Tel No.		HP: A v >	Make / Model	:		
Excess Sec II :S\$		D.O.A: Whit	Place of Accide	nt :		
Is driver the owner?	(YES / NO)	Nature of Accident :				
			OI GIA REPOR	RT: YES / NO : TP GIA RE	PORT: YES / NO	
If NO, Driver Nam Driver Tel N		(V/L: YES / NO)	Insured Liability	y: % Final?	Yes / No	
570 gm3	Å. — —			$ \longrightarrow$ $-$		
INSRS: WSP: Tel: Liability:	N INSE WSF Tel: Liab RMI	ility:	INSRS: WSP: Tel: Liability: RMKS:	W To	SRS: SP: el: ability: MKS:	
RMKS:	RIVII	3.		ĵ.		
Date/ Time	CT1/42221 - U	STORTISHAMA EVE	12n 0 V19.V1	STAGE	DATE / PIC	
	9 1 10 17 11 1	x 1	1, 1,	Non-Reporting ltr (1st):		
	61788157A-4			Non-Reporting ltr (2nd): Non-Reporting ltr (Final):		
		VIL. V			Non-Reporting in (Pinar). Notification ltr (if non-pickup):	
	1 smuto	nim.		Call OI:		
	4 4000-1011	(11		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	n:	
				LOD		
				Payment Breakdown Form	1;	
PRELIMINARY ADVICE	Date/Time:	Sent By:		Post-Repair Photos:		
				Others:		
FINALIZATION	Date/Time:	Confirm with:		Confirm by: Email	Call	
Repair Cost:	S\$ (days) Reduction:	%			
FINAL SETTLEMENT	Date/Time:	Confirm with		Email Cal If NO or B 28, Ass. Lia:		
Final Liability:		ed / Assessed) BOLA S/N No. :		II NO of D 20, ASS, LIA :		
Repair Cost:	S\$	dayer				
Loss of Rental (LOR):	S\$ (days)				
Loss of Use (LOU):	S\$ (S	x days) x days)				
oss of Income (LOI):	S\$ (S v LOR + LOU	LOR + LO [Tick only	v onel			
LOR only LOU onl		LON-LOL TREKOM				
GIA/LTA Search	S\$ S\$			1) Claim status: Normal/F	Reject/Private Settle	
Medical:		(e.g. Tow/ Indeper	ident)	2) Report Format:		
Disbursement:	S\$ S\$	(e.g. 10th marper		3) Survey fee:		
Legal Cost	S\$	Global Sum S\$:				
Total: FINAL PAYMENT	Date/Time:	Confirm with:		Email Cal		
· ·		Name 1:				
Payee 1:	S\$	Name 2:				
Payee 2: (Strike if N.A.)	S\$	Name 3:				
Payee 3: (Strike if N.A.)	S\$	14thire 21				

Daniel And Cal	REF:	APA/	
Surregue No/cus	ASS	IGNMENT	1 11/1 00
¥		Veh No_ SYP9237	Yr Regn: 16/4 9
From:	Date:	Type: M.Car / M.Cycle / Bus / Vah / I	Lorry / Taxi / Prime Mover /
Estimated Cost:		Truck / Trailer or	1 179 1/
OD (TP) WS / TP RES / OD RES /	7092774	Make: Topto Was	9 0.0
To Inspect Vehicle No:	3(10)1/	Colour Black	A/C: Insured / Std / NI / NA
at Workshop m/s	ful lee	Sp.Reading	T/Radio: Insured / Std / NI / NA
of		Eng/No: Rothery Fley	
Insured.		C/No: JIDER	12W503002909
Policy No.		Gen. Cond: Good / Fair / oor / Bu	
Claims No.		Steering: horder / Jammed / Leak	
Sum Insured:	Excess:	- // 1/1 - a/c	
(Client's Record)		CO ATD ATD	
Make of ∀eh:		190	-/65-RIS
		Tyre Size: F: // \(\)	1
(Policy Condition)	2 2 2 2 2	R: BS/DUN/EXNOVA/GY/FS/LI	IZA / MIC / OHTSU / PIR / SUMI /
Remark: The veh had commence			hankook
repair at the time of ins	spection.	TOYO/YOKO or	
Bal. or Market Value:	156.	Front	Rear R/Bal.
IDAC Accident Rport:	Consistent?: Yes or No	R/Bal. 5 mm	L/Bal. mm
GILLER Seen:	Consistent?: Yes or No	L/Bal. mm	D.O.I. 15/10/16
Est. Repairs: da	ys Res.: Yes or No	D.O.A. 24/Y/(f	
Lum Sum: %	3 Val.: Yes or No	Survey held at	OID I NIC I IIIC I Poofton of
CA / REV / REP. / 24 H	RS Fex 6760 4811	Des. of Damages : Frt / Rear /	OIS NIST OIC ROOMED OF
		UT The IUC Chargis frame h	Body Structure affected due to collision.
Date: Person C		The U/C Chassis frame /	body cultures and
Date / Time Action / Instru	1055 6 mlh 26	ex Des 1(K	
. 111	f 16-10-18 9705	nett 5298	
114 95 4	opre ul Repaire	shewa.	
100 13 1	The state to the	V • • • • • • • • • • • • • • • • • • •	
Date/Time. File Pass to?	: Preli. Report	Days Of Repair:	0
1)	: Final Report	Resurvey No. of Trip:	Survey Fee
Date/Time, File Return to?	AL	- (\$	Transportation)S+PSSI
2)	Add	Fee: Site Insp (\$	
		Interview (\$) Photos) Others
Report Format:		Tech Invs (\$ Weakend (\$) Ouers
		1 Many and (5	