INS. CASE CWNI	ER:	CC6/ (U 180	[8 /14,	HW 03 LKK:			
Surveyor.	rmb	DOI: ASSIGN	MENT	Date / Time :	15/10/18		
				Registered in Merimen:			
Pre-assign / CC	U/FTE CICT	2891					
Insured Vehicle	No. :	, /° (L	Claim No.	:			
Name of Insured			Policy No.				
Insured Tel No.	-			·	-		
		HP:	Make / Model	in the same of the			
Excess Sec II :S	-	D.O.A: []-10/18	Place of Acci	dent:			
Is driver the own	er? (YES / NO)	Nature of Accident :					
If NO, Driver Name / Age:			OI GIA REPO	OI GIA REPORT: YES / NO; TP GIA REPORT: YES / NO Insured Liability: % Final? Yes / No			
Driver Te	el No. :	(V/L: YES / NO)					
SMA 41	30Y						
L L Tel.	MAY INSR WSP Tel: Liabi RMK	ity:	INSRS: WSP: Tel: Liability: RMKS:	V I	NSRS: VSP: 'el: .iability:		
Date/ Time							
	(m 4 41304 - X	5167 3891 - 5	/	STAGE	DATE / PIC		
	3447	1 200 381 - 3		Non-Reporting ltr (1st):			
		Page 8		Non-Reporting ltr (2nd): Non-Reporting ltr (Final):			
				Notification ltr (if non-pickup			
				Call OI:	26		
			i i	After call ltr to OI: Documentation Check List.	Handley Toute	-	
	4 1	*		Notification ltr (if non-pickup	W. L.		
			4	After call ltr to OI:			
				Authorisation To Act:			
		(2)		Release Voucher:		*	
			-	Final Repair Bill: Car Rental Invoice:		_	
				Towing Invoice		+	
		6.		LTA/GIA:		=	
				Medical Bill:			
				PIR:		7 5	
				Mandate/Reject Instruction	1:		
				LOD			
PRELIMINARY ADVIC	E Date/Time:	Sent By:		Payment Breakdown Form	:		
	22 124101	Sciit by.		Post-Repair Photos: Others:		4	
FINALIZATION	Date/Time:	Confirm with:		Confirm by:			
Repair Cost:	S\$ (days) Reduction;	%	Email	Call		
FINAL SETTLEMENT	Date/Time:	Confirm with	70	Email Call	Can	-	
Final Liability:	% (Agree	d / Assessed) BOLA S/N No. :		If NO or B 28, Ass. Lia:		- 3	
Repair Cost:	S\$	Ç.		,			
Loss of Rental (LOR):	S\$ (days)					
Loss of Use (LOU):		x days)					
Loss of Income (LOI): LOR only LOU or		x days) LOR + LOI Tick only o	mal				
GIA/LTA Search	S\$	LOR+LOI [Tick only o	unel				
Medical:	S\$			Claim status: Normal/R	ciect/Private Settle		
Disbursement:	S\$				2) Report Format:		
Legal Cost	S\$			3) Survey fee:	3.		
Total:	SS	Global Sum S\$:				-	
FINAL PAYMENT	Date/Time:	Confirm with:		Email Call .			
Payee 1:	S\$	Name 1:		¥			
Payee 2: (Strike if N.A.) Payee 3: (Strike if N.A.)	S\$	Name 2:	16				
-Jos. (Guino II IV.A.)	100	Name 3:	THE RESERVE TO A STATE OF THE S	and the same and a same	The second second		

(05/11-13)	REF:			
Sirreyor	REF:			
and the same of th	ASSI	GNMENT		
From:	Date:	Veh No: SMA 4130 / , YI	Regn: 2018/ Ine	
Estimated Cost:	5000	Type: M.Car / 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:	1 100 0 1 00 1 10 1 10 10 10 10 10 10 10	Make: Hande Shuttle.	c.c 1496	
at Workshop m/s		Colour Blue. A/C		
of		4	adio: Insured / Std / NI / NA	
Insured:		Eng/No:		
Policy No.		C/No: 6K81202076	*	
Claims No.		Gen. Cond Good / Fair / Poor / Burnt		
Sum Insured:	Excess:	Steering: horder / Jammed / Leaked / Burn	t or	
(Client's Record)		Brake: (norder / Jammed / Leaked / Burn		
Make of Veh:		Modi: Nil / S/Rim / STD A/Rim or		
		(/	60 RIS	
(Policy Condition)		R: 185/	60 RIS	
Remark: The veh had comm	nenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC /		
repair at the time of		TOYO YOKO-or		
Bal. or Market Value:		Front	ar ,	
IDAC Accident Rport:	Consistent?: Yes or No		Bal. 06 mm	
GIA / PR Seen:	Consistent?: Yes or No	L/Bal. 06 mm L/R	Bal. 0,6 mm	
Est. Repairs:	days Res.: Yes or No	D.O.A. D.	0.1. 15/10/18.	
Lum Sum:	% 3 Val.: Yes or No	Survey held at Premium	Carz.	
	AUDO	Des. of Damages : Frt / Rear / O/S / N/S		
CA / REV / REP. / 2	Vehicle: IN / OUT			
Date: Perso	on Contacted:	The U/C / Chassis frame / Body Struc	cture affected due to collision.	
Date / Time Action / In				
TPE	-0			
Date/Time, File Pass to?	: Preli. Report	Days Of Repair:		
1)	: Final Report	Resurvey No. of Trip:	urvey Fee:	
Date/Time, File Return to?		Tr	ansportation:	
2)	Add Fee	: Site Insp (\$	_S+RS,SI	
		: Interview (\$)	Photos	
Report Format :		: Tech. Invs (\$	Others	
Lump Sum / I.B.I: (\$ -)	: Weekend (\$		
			TOTAL	