15/5/2010	cc6, (TI 180 22469, Mha3	LKK:
INS. CASE OWNER:	CC 6 / C 1 180 00 ( 1 / 1) 1 1 (a)	IDAC:
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Non-Reporting Itr (1st):   Non-Reporting Itr (	2/18
Name of Insured   Same of In	1 -
Insured Vehicle No. : The Chair No. : Policy No. : Insured Tel No. : The Chair No. : Policy No. : Make / Model : Place of Accident : Insured Tel No. : The Chair No. : The Cha	
Name of Insured	
Name of Insured	
Insured Tel No.   HP:   Make / Model   Place of Accident	
Excess Sec II :SS	
Excess Sec II :SS	
Is driver the owner? (YES / NO) Nature of Accident:  If NO, Driver Name / Age: Driver Tel No.:  (V/L: YES / NO) Insured Liability: NSP: Tel: Liability: Li	
If NO, Driver Name / Age: Drive Tel No.:  (V/L:YES/NO)  Insured Liability:  NSRS: WSP. Tel: Liability: Liability: RMKS:  Date/ Time    Non-Reporting for (2nd): Non-Reporti	
Driver Tel No.   (V/L. YES / NO)   Insured Liability : %   Final ? Yes / No	
NSRS:   WSP:   Tel:   Liability:   RMKS:   Non-Reporting lift (Enal):   Non-Reporting lift (E	ES / NO
WSP: Tel: Liability: RMKS: R	ð
WSP: Tel: Liability: RMKS: R	
WSP: Tel: Liability: RMKS: R	
Tel: Liability: RMKS:	
Liability :	
Date / Time   STAGE   DATE / Non-Reporting ltr (1st):   Non-Reporting ltr	
Date/Time   STAGE   DATE / Non-Reporting ltr (1st):   Non-Reporting ltr (	
STAGE   DATE / Non-Reporting Itr (1st):   Non-	
Non-Reporting Itr (1st):   Non-Reporting Itr (	
Non-Reporting in (16A):   Non-Reporting in	ATE / PIC
Non-Reporting Itr (Final):   Notification Itr (if non-pickup):   Call Ol:	
Notification Itr (if non-pickup):   Call OI:     Call OI:     Call OI:       Call OI:	
Call O:   After call Ir to O:   December 1 to O:   December 2 to O:   December 3 to O:   December 3 to O:   December 4 to O:   December 5 to O:   December 5 to O:   December 6 to O:	
After call litr to Ol:	
Notification Itr (if non-pickup)	Typist
After call ltr to O! Authorisation To Act: Authorisation To Act:  Release Voucher: Final Repair Bill: Car Rental Invoice: Towing Invoice LTA / GIA : Medical Bill: PIR: Mandate/Reject Instruction: LOD Payment Breakdown Form:  RELIMINARY ADVICE Date/Time: Sent By: Post-Repair Photos: Others: Others:  Confirm with: Confirm by: Payment Breakdown Form: Confirm by: Conf	
Release Voucher:	
Final Repair Bill:	
Car Rental Invoice:   Towing Invoice   Towing Invoice   Towing Invoice   Towing Invoice   TTA / GIA :   Medical Bill:   PIR:   Mandate/Reject Instruction:   LOD   Payment Breakdown Form:   Dothers:   Others:   Others:   Others:   Date/Time:   Sent By:   Post-Repair Photos:   Others:   Dothers:	
Towing Invoice	
LTA / GIA :	
Medical Bill:   PIR:   Mandate/Reject Instruction:   LOD   Payment Breakdown Form:   Post-Repair Photos:   Others:   Others:   Others:   Confirm with:   Confirm by:   C	
PIR:	
Mandate/Reject Instruction:   LOD	
Mandate/Reject Instruction:   LOD	
LOD	
Payment Breakdown Form:  PRELIMINARY ADVICE Date/Time: Sent By: Post-Repair Photos: Others:  Confirm with: Confirm by:  Repair Cost: S\$ ( days) Reduction: % Email Call  FINAL SETTLEMENT Date/Time: Confirm with Email Call  Final Liability: % (Agreed / Assessed) BOLA S/N No.: If NO or B 28, Ass. Lia:  Repair Cost: S\$  Loss of Rental (LOR): S\$ ( days)  Loss of Use (LOU): S\$ (\$ x days)  Loss of Income (LOI): S\$ (\$ x days)  LOR only LOU only LOR + LOU LOR + LOI Tick only one  Medical: S\$  Medical: S\$  (e.g. Tow/ Independent) 2) Report Format:  Legal Cost S\$  Survey fee:	
RELIMINARY ADVICE Date/Time: Sent By: Post-Repair Photos: Others: Others:  TINALIZATION Date/Time: Confirm with: Confirm by:  Repair Cost: S\$ ( days) Reduction: % Email Call  Tinal Liability: % (Agreed / Assessed) BOLA S/N No.: If NO or B 28, Ass. Lia:  Repair Cost: S\$  Loss of Rental (LOR): S\$ ( days)  Loss of Income (LOI): S\$ (\$ x days)  LOR only LOU only LOR + LOU LOR + LOI Tick only one  BIA/LTA Search  Medical: S\$  Logal Cost S\$  (e.g. Tow/ Independent) 2) Report Format:  Logal Cost S\$  Survey fee:	
Others:	
Confirm with:   Confirm by:     Confirm by:     Confirm by:   Confirm	
Lepair Cost:   S\$   (   days   Reduction:   %   Email   Call	
Confirm with   Email   Call	
Sinal Liability:	
Repair Cost:   S\$	
Coss of Rental (LOR):   S\$   (   days)	
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Disbursement: S\$ (e.g. Tow/ Independent ) 2) Report Format: Legal Cost S\$ 3) Survey fee:	
Legal Cost S\$ 3) Survey fee:	ate Settle
Legal Cost S\$ 3) Survey fee:	
	Я
Total: SS Global Sum SS:	
FINAL PAYMENT Date/Time: Confirm with: Email Call	
Payee 1: S\$ Name 1:	
Payee 2: (Strike if N.A.) S\$ Name 2:	
Payee 3: (Strike if N.A.) S\$ Name 3:	

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Greenor	Porcel
DITITION	D100

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ADE	110	E N	ME	LYA

From: Date:	Veh No: SMA 12665 Yr Regn: 7018/MM			
Estimated Cost:	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: SMA 12661	Make: HOMA SHUTLE ISA C.O. 1896			
at Workshop m/s PRIME AND	Colour A/C: Insured / Std / NI / NA			
6, Berni PLACE	Sp.Reading Name of Std / NI / NA			
Insured: CTI	Eng/No:			
Policy No.	CTNO: 6P71120196.			
Claims No.	Gen. Cond: Good / Gar / 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			
0	Tyre Size: F: 185 60R15			
(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.				
Bal. or Market Value:	Front ( Rear /			
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 9 mm R/Bal. 9 mm			
GIA / PR Seen: Consistent? : Yes or No	L/Bal. 6 mm L/Bal. 6 mm			
Est. Repairs: days Res.: Yes or No	D.O.A. 12 (2) 18 D.O.I. 14 (2)			
Lum Sum: % 3 Val.: Yes or No Survey held at PRINT MINI				
CA / REV / REP. / 24 HRS	Des. of Damages : Frt Rear / 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				
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 Fee:				
	: Interview (\$ ) Photos			
Report Format :	Tech, Invs (\$ ) Others			
Lump Sum / I.B.I: (\$	Weekend (\$			
	TOTAL			