15/5/2010	Peter	CC /AXA1802	MOT ,	Lhb	LKK: IDAC:	
INS. CASE OWNER	Trufiele.	ASSIGN	MIENT		181M18.	
Surveyor:	charlen	DOI:	10000	Date / Time : Registered in Mer		
Pre-assign / CCU	FTE CKG 210	1911			-1	
Insured Vehicle No. : Claim No.				: Semona 9/ 8/84		
Name of Insured			Policy No.	:		
Insured Tel No.	: F	ID:	Make / Model			
Excess Sec II :S\$		0.0.A: 14 N 18	Place of Accid			
Is driver the owner		Nature of Accident :	The of Their			
		ature of Accident .	OLGIA PEDG	DT. VES / NO · TI	GIA REPORT: YES / NO	
If NO, Driver Nan Driver Tel		(V/L: YES / NO)	Insured Liabil		Final? Yes/No	
869 9683	E					
INSRS:	INSRS:		INSRS:		INSRS:	
WSP: VW	WSP:	1	WSP: Tel:	15-7	WSP: Tel :	
Liability:	Liability	: 8-9	Liability:	R-9	Liability:	
RMKS:	RMKS:		RMKS:		RMKS:	
Date/ Time		Clerk				
	51 1968 FE - X	16(1)(0.	17-4	STAGE	DATE / PIC	
	of court dawn.			Non-Reporting ltr (1st): Non-Reporting ltr (2nd):		
				Non-Reporting ltr (Final): Notification ltr (if non-pickup): Call OI:		
	7			After call ltr to OI:		
				Documentation Ch	eck List: Handler Typist	
				Notification ltr (if no	on-pickup)	
				After call ltr to OI:		
				Authorisation To Ac Release Voucher:	ti:	
				Final Repair Bill:		
				Car Rental Invoice:		
				Towing Invoice		
				LTA / GIA :		
				Medical Bill:		
				PIR:		
				Mandate/Reject In LOD	istruction:	
				Payment Breakdo	wn Form:	
PRELIMINARY ADVICE	Date/Time:	Sent By:		Post-Repair Photo	s:	
				Others:		
FINALIZATION Repair Cost:	Date/Time:	Confirm with:	CV.	Confirm by:	Email Call	
FINAL SETTLEMENT	S\$ (days) Reduction: % Email Call Date/Time: Confirm with Email Call				The state of the s	
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): Loss of Income (LOI):	S\$ (\$ x days)					
LOR only LOU only	S\$ (\$ x	days) OR + LO Tick only or	nel			
GIA/LTA Search	S\$	Tree only of				
Medical:	S\$			1) Claim status: Normal/Reject/Private Settle		
Disoursement:	S\$ (e.g. Tow/ Independent)			2) Report Format:		
Legal Cost	SS			3) Survey fee:		
Total:		Global Sum S\$:		F 1 C 1		
FINAL PAYMENT		Confirm with:		Email Cal		
Payee 1:		Name 1: Name 2:				
Payee 2: (Strike if N.A.) Payee 3: (Strike if N.A.)		Name 2:				

Smreuor Tought REF:	A.			
	GNMENT			
	Veh No: SLG 9687 Eyr Regn: 7016 00			
From: Date:	Type: M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /			
Estimated Cost:				
OD / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or			
To Inspect Vehicle No:	Make: Monda Graver c.c 1496 Colour Solver A/C: Insured/Std/NI/NA			
at Workshop m/s	0-1			
of	Sp.Reading T/Radio: Insured / Std / NI / NA			
Insured:	Eng/No:			
Policy No.	CTNO: GM 4110466 4.			
Claims No.	Gen. Cond: 600 / Fair / Poor / Burnt			
Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or			
(Client's Record)	Brake: Inorder / Jammed / Leaked / Burnt or			
Make of Veh:	Modi: Dri / S/Rim / STD A/Rim or			
	Tyre Size: F: (87/60/17)			
(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 or Moadsfore.			
Bal. or Market Value:	Front Rear /			
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. R/Bal. 6 mm			
GIA / PR Seen: Consistent?: Yes or No	L/Bal. C mm L/Bal. C mm			
Est. Repairs: days Res.: Yes or No	D.O.A. D.O.I. 18/7/X			
Lum Sum: % 3 Val.: Yes or No	Survey held at /ovnegr			
CA / REV / REP. / 24 HRS Vehicle: IN / OUT	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or			
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			
2) Add Fee	e: : Site Insp (\$)s+Rssi			
	: Interview (\$) Photos			
Report Format :	: Tech. Invs (\$) Others			
Lump Sum / I.B.I: (\$:Weekend (\$)			
	TOTAL			