15/5/2010	Bermie Tan	cc4, MG 180 2	3004,7	1 pas LKK: IDAC:	
INS. CASE OWNER:	MH	DOI: ASSIGNM	/\ \ \ (V	Date / Time :	18
Surveyor:				Registered in Merimen:	81m18
Pre-assign / CCU / F	TE Com - O				, , ,
Insured Vehicle No.	. SKH JOI	) 9	Claim No.		
=#			Policy No.		Us
Name of Insured	:			·	
Insured Tel No.	:HP	0011	Make / Model	:	
Excess Sec II :S\$	D.0	D.A: 70/17/18.	Place of Accide	nt :	
Is driver the owner?	( YES / NO ) Na	ture of Accident :			
	If NO, Driver Name / Age : Driver Tel No.: (V/L: YES / NO )		OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO Insured Liability: % Final? Yes / No		
CR122111					
288339AB					
INSRS: WSP: Tel: Liability: Www RMKS:	INSRS: WSP: Tel: Liability: RMKS:		INSRS: WSP: Tel: Liability: RMKS:	INSRS: WSP: Tel: Liability: RMKS:	
Date/ Time	C	W-1 D C WAL W		D.T.	E / DIC
	SB 346 4 h. X.	SKK Bad, X		Non-Reporting ltr (1st):	E / PIC
				Non-Reporting ltr (2nd):	
				Non-Reporting ltr (Final):	
				Notification ltr (if non-pickup): Call OI:	
				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:	
V.				Car Rental Invoice:	
				Towing Invoice	
				LTA / GIA :	
				Medical Bill:	
				PIR:	
				Mandate/Reject Instruction:	
				LOD	
				Payment Breakdown Form:  Post-Repair Photos:	
RELIMINARY ADVICE	Date/Time:	Sent By:		Others:	
	Data/Times	Confirm with:		Confirm by:	
INALIZATION	Date/Time:	days) Reduction:	%	Email Call [	
epair Cost: TNAL SETTLEMENT	S\$ ( Date/Time:	Confirm with		Email Call	
inal Liability:	Date Time.	ssessed) BOLA S/N No.:		If NO or B 28, Ass. Lia:	
Lepair Cost:	S\$				
oss of Rental (LOR):	S\$ (	days)		***	
oss of Use (LOU):	S\$ (\$ x	days)			
oss of Income (LOI):	S\$ (\$ x	days) R + LOI [Tick only on	e]		
OR only LOU only	S\$	K + LOI [IICK OMY OM	-1		
GIA/LTA Search	S\$			1) Claim status: Normal/Reject/Private	e Settle
Medical: Disbursement:	S\$	(e.g. Tow/ Independe	ent)	2) Report Format:	
egal Cost	S\$			3) Survey fee:	
Γotal:	55	Global Sum S\$:		Email Call	
FINAL PAYMENT	Date/Time.	Confirm with:		Limit Cities	
Payee 1:	3.0	Name 1:			
Payee 2: (Strike if N.A.)	24	Name 2:			
Payee 3: (Strike if N.A.)	S\$	Name 3:	THE PERSON NAMED IN COLUMN TWO	MITTAL THE WHAT I'V O'LAND THE WAY TO SEE THE WAY T	

REF: ALG	1stry.
marker 1 marker	SIGNMENT
Date: 37/12/18  Date: 37/12/18	Veh No: SBS 33646 Yr Regn. 2013 Oct.  Type: M.Car / M.Cycle Bus / Van / Lorry / Taxi / Prime Mover /  Truck / Trailer or  Make: Volvo B97 L c.c 93.64  Colour Guen A/C: Insured / Std / NI / NA  Sp.Reading T/Radio: Insured / Std / NI / NA  Eng/No: YV SS 499270AL62171
laims No.  Laims No.  Laims No.  Laims No.  Excess:  (Client's Record)  Lake of Veh:  Dpm - Apm  Apm  Apm  Apm  Apm  Apm  Apm  Apm	Gen. Cond: Good) Fair / Poor / Burnt  Steering: Inorder / Jammed / Leaked / Burnt or  Brake: Inorder / Jammed / Leaked / Burnt or  Modi: Nil / S/Rim / STD A/Rim or  Tyre Size: F: 27 / 70 M22-).
(Policy Condition)	R:  BS / DUN / EXNOVA / GY / FS / LIZA/ MIO / OHTSU / PIR / SUMI /  TOYO / YOKO or  Front R/Bal. R/Bal. R/Bal. R/Bal.  L/Bal. D,O.A. Survey held at Des. of Damages : Frt / Rear / O/S N/S / U/C / Rooftop or
Date/Time, File Pass to? : Preli. Report	Days Of Repair: