15/5/2010		CC 3 / LCR 180	23050,	A pa3 LKI	-
INS. CASE OWNER:	9111	ASSIG	NMENT		24/12/18
Surveyor:	0, 1	DOI:	, / 4	Date / Time : Registered in Merimen:	26/1/18
Pre-assign / CCU / F	TE CIT	11250			(nx
Insured Vehicle No.	315	43515	Claim No.	:	0,
Name of Insured			Policy No.	:	
Insured Tel No.	,	HP:	Make / Model	:	
Excess Sec II :SS		D.O.A: 23/12/18	Place of Accide	ent :	
Is driver the owner?	(YES / NO)	Nature of Accident :			
If NO, Driver Name	/ Age	OI GIA REP		ORT: YES / NO ; TP GIA REPORT: YES / NO	
Driver Tel N		(V/L: YES / NO)	Insured Liabili	ty: % Fi	nal? Yes/No
SME 33261	<u> </u>				
INSRS: WSP: Tel: Liability:	Liabi	lity:	INSRS: WSP: Tel: Liability: RMKS:		INSRS: WSP: Tel: Liability: RMKS:
RMKS:	RMK	5:	KWIKO.		
Date/ Time	(mt 3326 K - X	· SLE 43515	, X	STAGE	DATE / PIC
	SIME 3910 1- X			Non-Reporting ltr (1st):	
				Non-Reporting ltr (2nd) Non-Reporting ltr (Fina	1):
				Notification ltr (if non-	pickup):
2				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:	
				Car Rental Invoice:	
				Towing Invoice	
				LTA / GIA :	
				Medical Bill:	
				PIR:	
				Mandate/Reject Instr	ruction:
				LOD	
				Payment Breakdown	Form:
PRELIMINARY ADVICE	Date/Time:	Sent By:		Post-Repair Photos: Others:	
	Data/Tirra:	Confirm with:		Confirm by:	
FINALIZATION	Date/Time: S\$ (days) Reduction:	%		Email Call Call
Repair Cost: FINAL SETTLEMENT	Date/Time:	Confirm with		Email Call	
Final Liability:	% (Agre	ed / 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)	also anal		
LOR only LOU only		LOR + LOI [Tick on	ny onej		
GIA/LTA Search	S\$			1) Claim status: No	rmal/Reject/Private Settle
Medical:	S\$	(e.g. Tow/ Inde	mendent)	2) Report Format:	
Disbursement:	S\$	(e.g. 10w/ mde	P-1101111	3) Survey fee:	
Legal Cost	S\$ S\$	Global Sum S\$:			
Total:	Date/Time:	Confirm with:		Email Call	
FINAL PAYMENT		Name 1:			
Payee 1:	S\$	Name 2:			
Payee 2: (Strike if N.A.)	S\$ S\$	Name 3:			
Payee 3: (Strike if N.A.)	23				

08/11/13)	REF:	24.3		
Surveyor.	1.5 feet 4	Khr.		
	ASSI	GNMENT		
From:	Date:	Veh No: SME332	61CYr Regn: 2018 Sept.	
Estimated Cost:		Type: Mc / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /		
DD / TP / WS / TP RES / OD F	RES / EVA / INV / MV	Truck / Trailer or		
o Inspect Vehicle No:		Make: Andi Ay	c.c 1984	
Workshop m/s		Colour Grey,	A/C: Insured / Std / NI / NA	
		Sp.Reading (3 %)	T/Radio: Insured / Std / NI / NA	
sured		Eng/No:	2 - 11 - 21 5 24/	
olicy No.		C/No: WAU222 F45 JA1 24584		
aims No.		Gen. Cond. Good Fair / Poor / Bu	rnt	
um Insured:	Excess:	Steering: Inforder / Jammed / Leaked / Burnt or		
(Client's Record)		Brake: Inorder / Jammed / Leake		
lake of Veh:		Modi: Nil SIRim I STD A/Rim		
			160R16	
(Policy Condition)		R: 205	160N6	
emark: The veh had comme	enced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /		
repair at the time of	f inspection.	TOYO/YOKO or	outstand,	
al. or Market Value:		Front	Rear	
DAC Accident Rport:	Consistent? : Yes or No	R/Bal. 06 mm	R/Bal. 0 mm	
GIA / PR Seen:	Consistent? : Yes or No	L/Bal. o() mm	L/Bal. 06 mm	
st. Repairs;	days Res.: Yes or No	D.O.A.	D.O.I. 27/12/18	
.um Sum:	% 3 Val.: Yes or No		mium,	
CA / REV / REP. / 24	HRS Vehicle: IN / OUT	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or		
Date: Person	n Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.		
Date / Time Action / Ins	struction A L G			
			•	
A B THE				
ete/Time, File Pass to?	: Preli. Report	Days Of Repair:		
	: Final Report	Resurvey No. of Trip:	Survey Fee:	
Date/Time, File Return to?			Transportation:	
)	Add Fee	and the same of th)S+RSSI	
		: Interview (\$) Photos	
Report Format :		: Tech. Invs (\$) Others	
ump Sum / I.B.I: (\$)	: Weekend (\$	_)	
			TOTAL	