15/5/2010		CC 6/III1900 (84, A	Db3. LKK	
INS. CASE OWNER	h 1 \	ASSIGN	MENT		1.10
Surveyor:	Allian	DOI:	111	Date / Time :	18 10/101.
Pre-assign / CCU	/ FTE		. 1	Registered in Merimen:	e(n/cn.
	CIH	97997.	GL: N		
Insured Vehicle No	o. :		Claim No.	:	
Name of Insured	· · —		Policy No.	·	
Insured Tel No.		HP:	Make / Model		
Excess Sec II :S\$		D.O.A: 16 11 CA	Place of Accide	ent:	
Is driver the owner		Nature of Accident :	OLGIL PERO	DT VEGUNO TO CIA	PEDORT, VEC / NO
If NO, Driver Nar Driver Tel		(V/L: YES / NO)	Insured Liabilit	RT: YES / NO ; TP GIA F y: % Final	? Yes/No
SJT 617	$ \frac{\gamma_{Y}}{} \longrightarrow $				
INSRS: WSP: WILL	INSRS		INSRS:		INSRS:
H H Tel:	WSP: Tel:	1 4	WSP: Tel:	T A	WSP: Tel:
Liability: FMKS:	Liabili RMKS	1/4 -1/1	Liability : RMKS:		Liability : RMKS:
Date/ Time	RIVINS);	KIVIKS:		RIVING.
Date/Time	977 617MK -	4 9497	997-4	STAGE	DATE/PIC
	11000	11111	1	Non-Reporting ltr (1st):	
				Non-Reporting ltr (2nd): Non-Reporting ltr (Final):	
				Notification ltr (if non-picku	ip):
				Call OI: After call ltr to OI:	
				Documentation Check List	: Handler Typist
				Notification ltr (if non-picku	
				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 Instruction	on:
				LOD	
PRELIMINARY ADVICE	Date/Time:	Sent By:		Payment Breakdown Ford Post-Repair Photos:	m:
I KEDIMINAKI ADVICE	Date Fille.	Schi By.		Others:	
FINALIZATION	Date/Time:	Confirm with:		Confirm by:	
Repair Cost:	S\$ (days) Reduction:	%	Email	Call
FINAL SETTLEMENT	Date/Time:	Confirm with		Email Cal	
Final Liability:				TONIO DOG A T.	
		Assessed) BOLA S/N No.:		If NO or B 28, Ass. Lia:	
Repair Cost:	S\$			If NO or B 28, Ass. Lia :	
Loss of Rental (LOR):	S\$ S\$ (days)		If NO or B 28, Ass. Lia:	
Loss of Rental (LOR): Loss of Use (LOU):	S\$ (S\$ (\$ x	days) days)		If NO or B 28, Ass. Lia:	
Loss of Rental (LOR): Loss of Use (LOU): Loss of Income (LOI):	S\$ S\$ (S\$ X S\$ (S x x x x x x x x x	days) days) days)	ie]	If NO or B 28, Ass. Lia:	
Loss of Rental (LOR): Loss of Use (LOU): Loss of Income (LOI):	S\$ S\$ (S\$ X S\$ (S x x x x x x x x x	days) days) days)	ne]	If NO or B 28, Ass. Lia:	
Loss of Rental (LOR): Loss of Use (LOU): Loss of Income (LOI): LOR only LOU only	SS (S x SS (S x LOR + LOU 1 SS SS SS	days) days) days)	ie]	If NO or B 28, Ass. Lia:	Reject/Private Settle
Loss of Rental (LOR): Loss of Use (LOU): Loss of Income (LOI): LOR only LOU only GIA/LTA Search Medical: Disbursement:	SS (S X SS (S X LOR + LOU 1 SS SS SS SS	days) days) days)		Claim status: Normal/F Report Format:	Reject/Private Settle
Loss of Rental (LOR): Loss of Use (LOU): Loss of Income (LOI): LOR only LOU only GIA/LTA Search Medical: Disbursement: Legal Cost	SS (S X SS (S X LOR + LOU 1 SS S	days) days) days) .OR + LO [Tick only on (e.g. Tow/ Independen		Claim status: Normal/I	Reject/Private Settle
Loss of Rental (LOR): Loss of Use (LOU): Loss of Income (LOI): LOR only LOU only GIA/LTA Search Medical: Disbursement: Legal Cost Total:	SS (S X SS (S X X SS (S X X SS (S X X SS (S X X X X	days) days) days) .OR + LO [Tick only on (e.g. Tow/ Independen		1) Claim status: Normal/F 2) Report Format: 3) Survey fee:	Reject/Private Settle
Loss of Rental (LOR): Loss of Use (LOU): Loss of Income (LOI): LOR only LOU only GIA/LTA Search Medical: Disbursement: Legal Cost Total: FINAL PAYMENT	SS (S x S\$ (S x X S\$ (S x X S\$ (S x X S\$ S\$ S\$ S\$ S\$ S\$ S\$	days) days) days) OR + LO Tick only on (e.g. Tow/ Independen Global Sum S\$: Confirm with:		Claim status: Normal/F Report Format:	Reject/Private Settle
Loss of Rental (LOR): Loss of Use (LOU): Loss of Income (LOI): LOR only LOU only GIA/LTA Search Medical: Disbursement: Legal Cost Total:	SS (S X SS (S X X SS (S X X SS (S X X SS (S X X X X	days) days) days) .OR + LO [Tick only on (e.g. Tow/ Independen		1) Claim status: Normal/F 2) Report Format: 3) Survey fee:	Reject/Private Settle

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:	: Site Insp	(\$)S +RS,SI	
			: Interview	(\$) Photos	
Report Format :			: Tech. Invs	(\$) Others	
Lump Sum / I.B.I: (\$)		: Weekend	(\$)	
		_			TOTAL	