INS. CASE OWNE	R: Way Petr	CC 4, ASM 1900	2010,	110/15	AC: 9635	54
Surveyor:	ÖNU	DOI:3	01,1,0	Date / Time :	30/1/10	9
				Registered in Merimen:		
Pre-assign / CCU	(611	17]	Claim No.	: sqm	01057	
Name of Insured		10	Dalies Ma			_
K_U			Policy No.	• ———		
Insured Tel No.	·	_HP:	Make / Model	:		-
Excess Sec II :S\$		D.O.A:	Place of Accide	nt :		
Is driver the owner	r? ( YES / NO )	Nature of Accident :				
If NO, Driver Na Driver Tel		(V/L: YES / NO)	OI GIA REPOR Insured Liability	T: YES / NO ; TP GIA	REPORT: YES / N	O
S4k 178	TE	-				
INSRS: WSP: Tel: Liability: RMKS:	INSRS WSP: Tel: Liabili RMKS	ity:	INSRS: WSP: Tel: Liability: RMKS:		INSRS: WSP; Tel: Liability:	
Date/ Time						
PRELIMINARY ADVICE	San 17 J. CB/M	Sent Du	7 4 . V 2 13	Non-Reporting ltr (1st): Non-Reporting ltr (2nd): Non-Reporting ltr (2nd): Non-Reporting ltr (Final): Notification ltr (if non-pic Call OI: After call ltr to OI: Documentation Check I Notification ltr (if non-pic 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 Instruct LOD Payment Breakdown Fo	ist: Handler Typ	
RELIVINARY ADVICE	Date/Time:	Sent By:		Post-Repair Photos:		
FINALIZATION	Date/Time;	Confirm with:	The second secon	Others: Confirm by:		
Repair Cost:	S\$ (	days) Reduction:	%	Ema	il Call	
FINAL SETTLEMENT	Date/Time:	Confirm with		Email Call		
Final Liability:		/ Assessed) BOLA S/N No.:	]	f NO or B 28, Ass. Lia		
Repair Cost: Loss of Rental (LOR):	S\$					
Loss of Use (LOU):	S\$ (\$ x	days)		100		
Loss of Income (LOI):	S\$ (\$ x	days)				
LOR only LOU only		OR + LOI [Tick only one]				
GIA/LTA Search	S\$	Last only one				
Medical:	S\$			) Claim status: Normal/	Reject/Private Settle	3
Disbursement:	S\$	(e.g. Tow/ Independent )		2) Report Format:		
Legal Cost Total:	SS .	Clobal Sum Se.		3) Survey fee:		
FINAL PAYMENT	Date/Time:	Global Sum S\$: Confirm with:		Parail Cut		
Payee 1:	S\$		1	Email Call		
Payee 2: (Strike if N.A.)	S\$	Name 1: Name 2:		*		
Payee 3: (Strike if N.A.)	S\$	Name 2:				
		THE RESERVE AND ADDRESS OF THE PARTY OF THE				

nin3) wef REF:	AYA/	
S. REC. BY: MOYELS	SIGNMENT	
ASS		Yr Regn: 12-17
m: Date:	1011110	
mated Cost:	Type M. Qar + M. Cycle / Bus / Van / Lo	rry / Taxi / Prime Mover /
TP/WS/TP RES/OD RES/EYA/INV/MV	Truck / Trailer or (A)	
Inspect Vehicle No: SGR 1786	Make: Mer Bent	A180 c.c 146/
Norkshop m/s Kin Cline	Colour Mule	A/C: Insured / Std / NI / NA
	Sp.Reading -	T/Radio: Insured / Std / NI / NA
uradi .	Eng/No:	
ured: -		16012:2119783
icy No.	Gen. Cond: Good Fair / Poor / Burnt	
ims No.	Steering: In order Jammed / Leaked	
m Insured: Excess:		
Client's Record)		
ake of Veh:	-	
	Tyre Size: F:	
(Policy Condition)	R: LZJ	1000
emark: The veh had commenced its N/S O/\$	+112072017	. /
repair at the time of inspection.	TOYO/YOKO or	continuate/
al. or Market Value:	Front	Rear
AC Accident Rport: Consistent? : Yes or No	R/Bal. 0 mm	R/Bal. 0 mm
IA / PR Seen: Consistent? : Yes or No	L/Bal. , mm	L/Bal. 6 mm
st. Repairs: days Res.: Yes or No	D.O.A. 27/1/19	D.O.I. 30/1/19
um Sum: % 3 Val.: Yes- or No	Survey held at	
	Des. of Damages : Frt,/ Rear / O/S	/ N/S / U/C / Rooftop or
CA / REV / REP. / 24 HRS  Vehicle: IN / Ol	0/10	·a - &
ate: Person Contacted:		y Structure affected due to collision.
Date / Time   Action / Instruction		
here G.A CNY		
	and the second s	
		·
oate/Time, File Pass to? : Preli. Report	Days Of Repair:	
First Book	Resurvey No. of Trip:	Survey Fee:
) : Final Report Date/Time, File Return to?		Transportation:
Add	Fee: Site Insp (\$	);S+RS,SI
)	: Interview (\$	); Photos
Danari Farmat	Tech Invs (\$	) Others
Report Format :  Lump Sum / I.B.I: (\$ )	: Tech. Invs (\$	) Others