DIS CASE OUD TED		CC6 / MG 19	ann buth	UDV3 DAC		
INS, CASE OWNER			GNMENT.	1		
Surveyor:	METCH	DOI:	TOTA	Date / Time :	1414	
Surveyor.			7 (11,	Registered in Merimen:	5410	
Pre-assign / CCU	/FTE	-010		are Burer or an arrowmon.	-7(
Insured Vehicle No	SMC	551PB	Claim No.			
**						_
Name of Insured	:		Policy No.	:		-
Insured Tel No.	1	HP:	Make / Model			_
Excess Sec II :S\$		D.O.A: 41414	Place of Accid	lent :		
Is driver the owner	? (YES / NO)	Nature of Accident :				
If NO, Driver Nan	ne / Age :		OI GIA REPO	ORT: YES / NO ; TP GIA RI	EPORT: YES / N	JO
Driver Tel 1		(V/L: YES / NO-)	Insured Liabil		? Yes/No	
577 296	3.1	,				
2) 1 1010	<u></u>					_
INSRS: A	INSR	S:	INSRS:		NSRS:	
WSP: (W)			T' WSP:		WSP:	
Tel: Liability:	Tel: Liabil	H	Tel : Liability :	n n	Fel:	
RMKS:	THE RMK	1/8 -4/1	RMKS:	1₩ -₩1	Liability : RMKS:	
Date/ Time	1				dviito.	
Date Time	9779027-4	que st	16 8 00	STAGE	DATE /	DIC
	1/11/201	71.00 7 9	CO P	Non-Reporting ltr (1st):	DATE /	PIC
5				Non-Reporting ltr (2nd):		
			*	Non-Reporting ltr (Final):	\(\frac{1}{2}\)	- 1
-				Notification ltr (if non-picku Call OI:	2):	
				After call ltr to OI:		
				Documentation Check List	: Handler Ty	pist
				Notification ltr (if non-picku	p)	
				After call ltr to OI:		
				Authorisation To Act: Release Voucher:		
		9,11		Final Repair Bill:		
				Car Rental Invoice:		
Q			9	Towing Invoice	1 2 2	
				LTA / GIA :	- Y	
				Medical Bill:		
				PIR:		
				Mandate/Reject Instruction	n:	
				LOD Payment Breakdown Form		
PRELIMINARY ADVICE	Date/Time:	Sent By:		Post-Repair Photos:		
				Others:		
FINALIZATION	Date/Time:	Confirm with:		Confirm by:		
Repair Cost:	S\$ (· days) Reduction:	% '	Email	Call	
FINAL SETTLEMENT	Date/Time:	Confirm with		Email Call		
Final Liability: Repair Cost:	% (Agreed	1 / Assessed) BOLA S/N No. :		If NO or B 28, Ass. Lia:		
Loss of Rental (LOR):	S\$ (days)				
Loss of Use (LOU):	S\$ (\$ x			***		
Loss of Income (LOI):	S\$ (\$ x					
LOR only LOU only		LOR + LOI [Tick only	one]			
GIA/LTA Search	S\$					
Medical:	S\$			1) Claim status: Normal/R	eject/Private Sett	le
Disbursement:	S\$	(e.g. Tow/ Indepe	ndent)	2) Report Format:		
Legal Cost Total:	S\$ S\$	Global Sum S\$:		3) Survey fee:		**
I OTAL: FINAL PAYMENT	Date/Time:	Confirm with:		Email Call		
Payee 1:	S\$	Name 1:		Eman Call		
Payee 1: Payee 2: (Strike if N.A.)	S\$	Name 1:		14		1
Payee 3: (Strike if N.A.)	S\$	Name 3:		1	1 8	

08/11/13) wef ASS. REC. BY: MCreus	REF:	ALL/	
From: Estimated Cost: OD IMP) WS I TP RES I OD RES I State Workshop m/s of Insured: Policy No. Claims No. Sum Insured: (Client's Record) Make of Veh: (Policy Condition) Remark: The veh had commence repair at the time of insured: IDAC Accident Rport: GIA / PR Seen: Est. Repairs: Lum Sum: CA I REV I REP. I 24 HI Date: Person C Date / Time Action / Instru	Excess: Excess: Red its Spection. Consistent?: Yes or No Consistent?: Yes or No 3 Val.: Yes or No 3 Val.: Yes or No Wehicle Ontacted: Ction	Colour Sp.Reading Eng/No: C/No: C/No: Gen. Cond: Good / Fair / Poor / Bu Steering: Inorder / Jammed / Leak Brake: Inorder / Jammed / Leak Modi: Nil / S/Rim / STD A/Rin Tyre Size: F: R: BS / DUN / EXNOVA / GY / FS / L TOYO / YOKO or Front R/Bal. mm L/Bal. D.O.A. Survey held at Des. of Damages: Frt / Rear /	A/C: Insured / Std / NI / NA T/Radio: Insured / Std / NI / NA H/ I / A & (2 7374) urnt ded / Burnt or ded / Burnt or sed / Burnt or Red / Burnt or Red / Burnt or Red / Burnt or MIZA / MIC / OHTSU (PIR) SUMI / Rear R/Bal. D.O.I. S / 4/1 /
Date/Time, File Pass to? 1) Date/Time, File Return to? 2)	: Preli. Report : Final Report	Days Of Repair: Resurvey No. of Trip: Add Fee: : Site Insp (\$	Survey Fee: Transportation:)S + RS,SI) Photos
		: Tech. Invs (\$) Others ·