

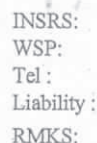
IDAC:

6	8	10
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5mA 100s X



SLT 8450 J



56784507, x

STAGE	DATE / PIC	
Non-Reporting ltr (1st):		
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:	☐	☐
Car Rental Invoice:	☐	☐
Towing Invoice	☐	☐
LTA / GIA :	☐	☐
Medical Bill:	☐	☐
PIR:	☐	☐
Mandate/Reject Instruction:	☐	☐
LOD	☐	☐
Payment Breakdown Form:		☐
Post-Repair Photos:	☐	☐
Others:	☐	☐

Sent By:

Confirm by:

Email		Call	
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If NO or B 28, Ass. Lia :

3) Survey fee:

Global Sum S\$:

Email · Call

Name 1:

Name 2: _____

Name 3:

Surveyor

From: _____ Date: 7/13/11

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: SLT 8450J

at Workshop m/s JOO HYK KEE

of BLK 3007 ubi Rd 1 #01-406

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: After 10am

Truck / Trailer or	
Make:	Volkswagen Jetta. C.C. 1390
Colour	Grey. A/C: Insured / Std / NI / NA
Sp. Reading	51650. T/Radio: Insured / Std / NI / NA

Gen. Cond: Good / Fair / Poor / Burnt
Steering: Inorder / Jammed / Leaked / Burnt or
Brake: 2 Inorder / Jammed / Leaked / Burnt or
Modi: Nil / S/Rim / STD A/Rim or

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or *Continental.*

Front

R/Bal. 06 mm

L/Bal. 06 mm

D.O.A. _____

Survey held at _____

Rear

R/Bal. 06 mm

L/Bal. 06 mm

D.O.I. 07/05/19

JHK

Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
Front o/s.

The U/C / Chassis frame / Body Structure affected due to collision.

Remark: The veh had commenced its repair at the time of inspection.

Bal. or Market Value:

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: _____ days Res.: Yes or No

Lum Sum:	%	3 Val.: Yes or No
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CA / REV / REP. / 24 HRS ^(up)

Vehicle: IN / OUT

Date: _____ • Person Contacted: _____

Date / Time	Action / Instruction
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Action / Instruction
TP A16

Date/Time, File Pass to?

☐: Prelim. Report

1)

□: Final Report

Date/Time, File Return to?

2)

Report Format :

Lump Sum / I.B.I: (\$)

Days Of Repair:

Resurvey No. of Trip:

Add Fee: : Site Insp (\$

☐ : Interview (\$

Tech. Invs (\$)

☐ Weekend (\$)

Survey Fee:

Transportation:

5) $S + RS \rightarrow SI$

) Photos

) Others

TOTAL