INS. CASE OWNE	R: -VV -	CC 4 / ASM 191	00 9778/	Kwas D	AC: 119416	
Surveyor:	451	DOI:	PLACE	Date / Time :	3/6/2019	
Pre-assign / CCU	/ FTF			Registered in Merimen:		-
	(17/	17735		59m 0	UP DA.	1.7
Insured Vehicle N	insured vehicle No.			: > > (10,0	106	0
Name of Insured	: 714AO YI	Bun	Policy No.	:		
Insured Tel No.						
Excess Sec II :S\$		D.O.A: 31 5 2019	Make / Model Place of Accid			
Is driver the owne	- 192	Nature of Accident :	riace of Accid	icit	H 2 5	
		Nature of Accident .				
	If NO, Driver Name / Age : Driver Tel No.: (V/L: YES / NO.)			OI GIA REPORT: YES / NO; TP GIA REPORT: YES / NO Insured Liability: % Final? Yes / No		
SLPSSY	√ M →		70			
INSRS: WSP: & Struct Tel: Liability: RMKS:	INSR WSP: Tel: Liabil RMK	ity:	INSRS: WSP: Tel: Liability: RMKS:		INSRS: WSP: Tel: Liability: RMKS:	
Date/ Time		2.0	4			
E 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	(nb 226 A W - X :	SUT 62735- Y	K	STAGE	DATE / PIC	
1	rueved to with	jo.	3 5	Non-Reporting ltr (1st): Non-Reporting ltr (2nd): Non-Reporting ltr (Final): Notification ltr (if non-pic		
	120,000, (1 010)	Ju		Call OI: After call ltr to OI:	13	
				Documentation Check I	ist: Handler Typist	2.0
	* * * * * * * * * * * * * * * * * * *			Notification ltr (if non-pic		
		5		After call ltr to OI:		
	1			Authorisation To Act:		
	2			Release Voucher: Final Repair Bill:		4
				Car Rental Invoice:		+-
				Towing Invoice		7
				LTA/GIA:		
				Medical Bill:		
	2.0			PIR:	3 1	The first
			* BW 1 B	Mandate/Reject Instruct	ion:	
	2 2			LOD		
PRELIMINARY ADVICE Date/Time: Sent By:				Payment Breakdown Fo Post-Repair Photos:	rm:	
				Others:		+-1
FINALIZATION	Date/Time:	Confirm with:		Confirm by:	1	
Repair Cost:	S\$ (· days) Reduction:	%'-	Ema	il Call	
FINAL SETTLEMENT	Date/Time:	Confirm with	4	Email Call		
Final Liability: ** Repair Cost:	% (Agreed / Assessed) BOLA S/N No.:			If NO or B 28, Ass. Lia:		
Loss of Rental (LOR):	S\$ S\$ (days)					
Loss of Use (LOU):	S\$ (days) S\$ (\$ x days)					1
Loss of Income (LOI):	S\$ (\$ x days)					
LOR only LOU only		LOR + LOI Tick only of	onel			
GIA/LTA Search	S\$					-
Medical:	S\$			1) Claim status: Normal/Reject/Private Settle		
	S\$ (e.g. Tow/ Independent)			2) Report Format:		
Disbursement:	S\$ 3) Survey fee:					
Legal Cost		Clobal Com Co.				- 1
Legal Cost Total:	S\$	Global Sum S\$:		7		-
Legal Cost Total: FINAL PAYMENT	S\$ Date/Time:	Confirm with:		Email Call		
Legal Cost Total:	S\$	The state of the s		Email Call		

(08/11/13) REF ASM(AXA)	9798 (463)
	GNMENT
A33. REG. B1.	GNMENT Veh No: SLP 5544M Yr Regn: O6, 17 Type: M.Car M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or Make: Toy Pous c.c 1799 Colour M. Silve A/C: Insured / Std / NI / NA Sp.Reading / 27 49 / T/Radio: Insured / Std / NI / NA Eng/No: C/No: Tok 33 = U103558533 Gen. Cond: Good Fair / Poor / Burnt Steering: Incuter / Jammed / Leaked / Burnt or Brake: Inorder / Jammed / Leaked / Burnt or Modi: Nil / S/Rim / STDA/Rim or Tyre Size: F: M, 185 / SSR 15 R: Pous BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Front Rear R/Bal. 9 mm R/Bal. 9 mm L/Bal. 9 mm L/Bal. 9 mm D.O.A. 31 / 5 / 18 Survey held at
CA / REV / REP. / 24 HRS Vehicle: IN / OUT Date: Person Contacted:	Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or N/S / Km body & Mm
Date / Time Action / Instruction	The U/C / Chassis frame / Body Structure affected due to collision.
	Pays Of Repair: Survey Fee: Transportation:
2) Add Fee:	: Site Insp (\$)s+Rs,si
	: Interview (\$) Photos
Report Format :	: Tech. Invs (\$) Others
Lump Sum / I.B.I: (\$)	: Weekend (\$)
	TOTAL