INS. CASE OWNER	Jas (on	CC 4 / ASM 190	(2729,	Uga3 LKI	17/1/12/	
Surveyor:	more	+ COLON	12/22/1	Date / Time :	18/3/19	
Pre-assign / CCU	VN V	VN 2918U		Registered in Merimen: Claim No.:		
Name of Insured	:		Policy No.	:		
Insured Tel No.	41.	HP:	Make / Model			
Excess Sec II :SS	The state of the s	D.O.A: (3)714		nt:		
Is driver the owner		(YES / NO) Nature of Accident :				
If NO, Driver Nan Driver Tel 1	ne / Age :			OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO Insured Liability: % Final? Yes / No		
Por 819-	₩					
INSRS: WSP: Tel: Liability: RMKS:	INSRS: WSP: Tel: Liability RMKS:	1/4/1/1	INSRS: WSP: Tel: Liability: RMKS:		INSRS: WSP: Tel: Liability: RMKS:	
Date/ Time						
	689 8184, X	AXA 130 (2232) (xm	207:009	STAGE Non-Reporting ltr (1st): Non-Reporting ltr (2nd): Non-Reporting ltr (Final):	DATE / PIC	
*		V 1	1 117/13	Notification ltr (if non-pic		
			II all the second	Call OI:	***	
47				After call ltr to OI: Documentation Check I	ist: Handler Typist	
				Notification ltr (if non-pic		
				After call ltr to OI:	January Communication of the c	
				Authorisation To Act:		
				Release Voucher:		
,				Final Repair Bill:		
1:				Car Rental Invoice: Towing Invoice		
1.				LTA / GIA :		
				Medical Bill:		
				PIR:		
5				Mandate/Reject Instruc	tion:	
				LOD		
				Payment Breakdown Fo	orm:	
PRELIMINARY ADVICE	Date/Time:	Sent By:		Post-Repair Photos:		
				Others:		
FINALIZATION	Date/Time:	Confirm with:		Confirm by:		
Repair Cost:	S\$ (days) Reduction:	%	Ema	ail Call	
FINAL SETTLEMENT		Confirm with		Email Call		
Final Liability: Repair Cost:	% (Agreed /	Assessed) BOLA S/N No.:		If NO or B 28, Ass. Lia	1:	
Loss of Rental (LOR):	S\$ (dave				
Loss of Use (LOU):	S\$ (\$ x	days)				
Loss of Income (LOI):	S\$ (\$ x	days)	mr Sur			
LOR only LOU only		OR + LOI Tick only one	1			
GIA/LTA Search	S\$	[Arek omy one				
Medical:	S\$	II		1) Claim status: Norma	1/Reject/Private Settle	
Disbursement:	S\$	(e.g. Tow/ Independer	nt)	2) Report Format:		
Legal Cost	S\$		de la companya della companya della companya de la companya della	3) Survey fee:	E. C. S.	
Total:	SS	Global Sum S\$:		14/3/15		
FINAL PAYMENT	Date/Time:	Confirm with:		Email Call		
Payee 1:	S\$	Name 1:				
Payee 2; (Strike if N.A.)	S\$	Name 2:				
Pavee 3: (Strike if N.A.)	S\$	Name 3:		A CARL		

	*	11		
I/13) wef REF:	A	XAI		***
m: Date:	ASSIGN Veh	(17 Q1	6214 Yr Reg	
imated Cost:	1 yp		1	
TP WS / TP RES / OD RES / EVA / INV / M	Y	Truck / Trailer of N	1-	c.c 2.9.5
Inspect Vehicle No: G37	8162H Mal	1	urvan AIC:	Insured / Std / NI / NA
t Workshop m/s	Col	1 7.00	7 T/Radio	o: Insured / Std / NI / NA
f /		Reading 2 (000	(-	
nsured:		g/No:	10161152	7071064
Policy No.	C/I			20/1009
Claims No.	Ge	n. Cond: Good / Fair / P	OOF / Burnt	r
Sum Insured: Excess:	St	eering: Inorder / Jamme		
(Client's Record)		(0	d / Leaked / Burnt o	n
Make of Veh:	M	odi: Nil S/Rim / ST	D A/Rim or	
INIONO VI VOII	Т	yre Size: F:	195-1	J
(n. r Carallilan)		R:		DE COLO B
(Policy Condition) Remark: The veh had commenced its	N/S O/S E	S DUN EXNOVA I GY	/FS/LIZA/MIC/C	HTSU / PIR / SUMI /
repair at the time of inspection.		TOYOTYOKO OF		
2.2		Front /	- Rea	<u> </u>
Bal. or Market Value: Consistent?	a recent test	R/Bal.	mm R/B	al. mr
IDAC Accident Rport: Consistent?	. 165 01 110	_/Bal.	mm L/B	al. 6 / mn
GIA / FR Seen.	, 165 01 110	D.O.A. 17/7/18	D.0	18/7/18
Est. Repairs.	100 01 110	Survey held at		/ / /
Lum Sum: % 3 Val.	Yes or No	n - (Domozoo : Ert /	Rear I OIS I NIS	U/C / Rooftop or
CA / REV / REP. / 24 HRS		Des. of Damages . FIT I	por & Re	or Wiscom Stat
	Vehicle: IN / OUT	The LUC / Chassis	frame / Body Struc	ture affected due to collision
Date: Person Contacted:		The old i olidesie		24 T 16 W
Date / Time Action / Instruction we 31-3-207	r 24% folio			
		* ×		
			man (*)	* * *
2 1 22 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1		KK 5 - 7 S		
Date/Time, File Pass to? : Preli. Re	nort	Days Of Repair:		
Final Bo		Resurvey No. of Tr	p:	Survey Fee:
1) : Final Re Date/Time, File Return to?	porc			Transportation:
Daterrine, File Return to	Add Fee	: Site Insp	\$\	S + RS,Si
2)		: Interview (\$	Photos
D		: Tech. Invs		Others
Report Format :	· ·	: Weekend		
Lump Sum / I.B.I: (\$)			TOTAL

Date of Accident	: 17 7/19 Accident Time: 7-30 pm (24-HR-Format)			
Accident Place				
	: GBF 8162 HMake/Model: Niss an urvan			
Vehicle. No. (Car Plate No.)				
Insurace Company	: Liberty Policy No: SI 19 vo7130			
Owner or Company Name /IC No.	: uncle Ang Trading 153326440 E			
Owner or Company Contact No.	:Owner's HpCompany Tel			
DRIVER'S Name / IC No.	: 15 Iam Muhammad Mominul / G= 184676			
DRIVER'S Date Of Birth	: 2/10/1993 DRIVER'S License Pass Date 24/8/2018			
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others:			
DRIVER'S Address	: 495 D Tampines St 43 \$12-378			
DRIVER'S Contact No./ Alt No.	:1) 900 99 99 6 2) \$523495			
DRIVER'S Occupation	: INDOOR \ OUTDOOR (e.g. working inside or outside office)			
Email Address				
Weather & Road Surface	: CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET			
Reporting Type	: Reporting Only \ Claim Other Party \ Claim Own Insurance			
Number of Passengers (Including I	Driver): 3 person			
The second secon	ar camera: YES \NO as being used at the time of accident: Private use \ Work purpose			
Other	Party Driver's Particular (if any)			
Vehicle, No: 4N2918	u (AXA) Vehicle. No:			
Vehicle Make\Model:	Vehicle Make\Model:			
Name Driver:	Name Driver:			
IC No. Driver/Contact:	IC No. Driver/Contact:			
* NEW - Passenger's name &	k gender:			
Reza CM)				

Ang 4h Buck (m)