5/5/2010		

Payee 3: (Strike if N.A.)

S\$

CC6/CTI20004357/Kka3

LKK:			
IDAC:			

INS.	CASE	OWNER:
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					NMENT				
	Surveyor:	KENNETH	DOI:	20/03	3/2020	Date / Time :			
	Surveyor.					Registered in Merin	men:		
	Pre-assign / CCU /	FTE							
	Insured Vehicle No.	SJV 2986H			Claim No.	:			
1 0	Name of Insured				Policy No.	:			
					Make / Model				
	Insured Tel No.		HP:	2020					M
	Excess Sec II :S\$		D.O.A: 17/03/2		Place of Accident : BEFORE JOHOR BAHRU CUSTOM CHECKPOINT				IVI
	Is driver the owner?	(YES / NO)	Nature of Acciden	nt :					
	If NO, Driver Nam	ne / Age :			OI GIA REPO	RT: YES / NO ; TP)
	Driver Tel N	No. :	(V/L: YE	ES/NO)	Insured Liabili	ty: %	Final? Yes/No		
	SMJ 3766Y			—			—		
	INSRS:	INSRS.	-	-	INSRS:	-	INSRS:		
	WSP: CITY AU	17 13	1		WSP:		WSP:		
HH	Tel:	H H Tel:	H	H	Tel:	HH	Tel : Liability :		
	Liability:	Liabilit	1/#	3	Liability : RMKS:		RMKS:		
	RMKS:	RMKS	· ·		RIVINS.		RITIO.		
	Date/ Time							TER / DI	C
		SMJ 3766Y - NA/	CTI20004239	/z4	17/03/2020	STAGE Non-Reporting ltr (1		ATE / PI	
		SJV 2986H - NA/0	TI20004239	174	17/03/2020	Non-Reporting ltr (2			
		33 V 230011 - 147/C	711200042001	2-1	TTTOOTEGEG	Non-Reporting ltr (F			
						Notification ltr (if no	on-pickup):		
						Call OI:			
						After call ltr to OI: Documentation Ch	eck List: Handler	Тур	ist
						Notification ltr (if no		771	
						After call ltr to OI:	т-ріскар)	_	
						Authorisation To Ac	a:	ī	
						Release Voucher:			
						Final Repair Bill:			
						Car Rental Invoice:			
						Towing Invoice			
						LTA / GIA :			
						Medical Bill:			
						PIR:			
						Mandate/Reject In:	struction:	=	
						LOD	Power.		
	AND	D	Sent B			Payment Breakdov Post-Repair Photos		_	
PRELIN	MINARY ADVICE	Date/Time:	Sent B	у.		Others:	y	=	
EINALI	ZATION	Date/Time:	Confir	m with:		Confirm by:			
Repair C		S\$ (days) Reduct		%		Email Call		
	SETTLEMENT	Date/Time:	Confirm with			Email Call			
Final Lia	bility:		Assessed) BOLA	S/N No.:		If NO or B 28, Ass	, Lia :		
Repair C	ost:	S\$							
	Rental (LOR):	S\$ (days)						
	Use (LOU):	S\$ (\$ x	days)						
	ncome (LOI):	S\$ (\$ x	days)	contract to					
LOR onl			OR + LOI	[Tick only	onej				
GIA/LT/ Medical:		SS SS				1) Claim status: No	ormal/Reject/Priva	te Settle	
Disburse		SS	(eg T	ow/ Independ	lent)	2) Report Format:	, , , , , , , , , , , , , , , , , , , ,		
Legal Co		S\$	(c.g. 1)	znaopene		3) Survey fee:			
Total:		S\$	Global Sum S\$:						
	PAYMENT	Date/Time:	Confirm with:			Email Call			
Payee 1:		S\$	Name 1:						
	(Strike if N.A.)	S\$	Name 2:						
-									

Surveyor REF. CIT	
ASSI	GNMENT
From. Date: 20.3-2000	Veh No: SmJ 37664 Yr Regn: 02 19
Estimated Cost:	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
OD/TP DWS/TP RES/OD RES/EVA/INV/MV	Truck / Trailer or
To Inspect Vehicle No: SMJ 3766 Y	Make: (fonda 1) Pit c.c 1496
at Workshop m/s CPty Buto	Colour M. P. White A/C: Insured / Std / NI / NA
of BIK160 Sin ming Inclusing 7/05-01	Sp.Reading 103430 T/Radio: Insured / Std / NI / NA
,	Eng/No:
Insured:	C/No: GP 5 · 1338559
Policy No.	Gen. Cond: Good / Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Inorder/ Jammed / Leaked / Burnt or -
(Client's Record)	Brake: Inorder / Jammed / Leaked / Burnt or
Make of Veh:	Modi: MILS/Rim / STD A/Rim or
Water of your	Tyre Size: F: 185/60R15
(0.15	R:
(Policy Condition) Remark: The veh had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO/YOKO or Wenli
	Front O Rear
Bal. or Market Value: IDAC Accident Rport: Consistent? : Yes or No	R/Bal. R/Bal. mm
	L/Bal. P mm L/Bal. P mm
GIA / PR Seen: Consistent? : Yes or No Est. Repairs: O2 days Res.: Yes or No	D.O.A. 17/3/20 D.O.I. 20/3/20
Lum Sum: 1.3.1 % 3 Val.: Yes or No	Survey held at
mi)	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
CA / REV / REP. / 24 HRS Vehicle: IN / OUT	Olsky
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	The part of the pa
	The state of the s
	The state of the s
	Constituting to the second second second second
Date/Time, File Pass to? : Preli. Report	Days Of Repair:
	Resurvey No. of Trip: Survey Fee:
Date/Time, File Return to?	Transportation:
2) Add Fee	: Site Insp (\$)s+Rs,si
	: Interview (\$) Photos
Report Format :	: Tech. Invs (\$) Others
Lump Sum / I.B.I: (\$:Weekend (\$

TOTAL