12			

Loss of Rental (LOR):

Loss of Use (LOU):

GIA/LTA Search

FINAL PAYMENT

Payee 2: (Strike if N.A.)

Payee 3: (Strike if N.A.)

Disbursement:

Medical:

Legal Cost

Total:

Payee 1:

Loss of Income (LOI):

LOR only LOU only

S\$

S\$

S\$

S\$

SS

S\$

S\$

S\$

S\$

S\$

S\$

Date/Time:

(\$

(\$] LOR + LOU[days)

days)

days)

Global Sum S\$:

Confirm with:

Name 1:

Name 2:

Name 3:

[Tick only one]

(e.g. Tow/ Independent)

LOR + LOI

LKK

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

Call

3) Survey fee:

Email

INS. CASE OWN	Janice Goh	CC4/EQI20004590/Ega3		IDAC:		
		ASSIGNM	IENT			
Surveyor:	STEVE	DOI: 27/03/2020	Date	/ Time: 27/03/2020		
			Regis	tered in Merimen:		
Pre-assign / CC	CU/FTE					
Insured Vehicle	SGS 8241K		Claim No. : I	DM20HO00634/SG	X	
Name of Insured	DDEAMOADI	EASING PTE LTD	Policy No. :	DMCFHQ19-000090		
Insured Tel No.	 	HP:	-	TOYOTA AXIO-1.5 (A)		
		D.O.A: 23/03/2020 08:10	Milke / Model .	33 LEONIE HILL ROAD (OI	UE TWIN PEAKS	
Excess Sec II :S			Place of Accident:	JO ELONIE THEE NOTIO (O	<u></u>	
Is driver the own	ner? (YES / NO)	Nature of Accident :			_	
If NO , Driver N Driver T	Mame / Age : BRAYDEN M/ el No. : +65-9123696	OI GIA REPORT: ES/NO; TP GIA REPORT: ES/NO Insured Liability: % Final? Yes/No				
VCR 8480	→	→				
INSRS:	INSRS		INSRS:	INSRS:		
WSP: SOUT	1) 1)		WSP:	WSP:		
H Tel: MOTO	OR H Tel:	HH	Tel:	Tel:		
Liability : RMKS:	Liabilit RMKS	1/4/1/1	Liability : RMKS:	Liability : RMKS:		
	KNINS		RIVIKS.	KIVIKS.		
Date/ Time						
	VCR 8480 - X	117010082/Gfb3a2 · 12/10/20	STAG	170 III	DATE / PIC	
	SGS 8241K - CC4/EQI17019982/Gfb3q2; 12/10/2 NA/INC11020509/s2; 06/10/2011			Non-Reporting ltr (1st): Non-Reporting ltr (2nd):		
				eporting ltr (Final):		
			TOWA IS	cation ltr (if non-pickup):		
			Call O			
				call ltr to OI:	Tr	
				mentation Check List: Handle	er Typist	
				cation ltr (if non-pickup)		
				risation To Act:	= =	
			International International	e Voucher:		
				Repair Bill:		
				ental Invoice:		
				g Invoice	= =	
			LTA /		= =	
				al Bill:		
			PIR:			
				ate/Reject Instruction:		
			LOD		= =	
				ent Breakdown Form:		
RELIMINARY ADVIC	E Date/Time:	Sent By:		Repair Photos:		
			Others			
NALIZATION	Date/Time:	Confirm with:		rm by:		
epair Cost:	S\$ (days) Reduction:	%	Email Cal		
INAL SETTLEMENT	Date/Time:	Confirm with	Email	Call		
nal Liability:		Assessed) BOLA S/N No.:		or B 28, Ass. Lia:		
epair Cost:	S\$		100			

SS. REC. BY: STOVE	CICAMENT			
<u>AS</u>	SIGNMENT 07/1/19			
rom: Date:	Veh No: VCR 8480 Yr Regn: 27/1/19			
stimated Cost:	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /			
D / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or			
o Inspect Vehicle No:	Make: Kawasaki Versys c.c 649			
Workshop m/s	Colour Yella A/C: Insured / Std / NI / NA			
	Sp.Reading 16005 T/Radio: Insured / Std / NI / NA			
sured:	Eng/No:			
olicy No	C/No: JKAL E 650 CCDA 14787			
aims No.	Gen. Cond: Good / Fair / Poor / Burnt			
ım Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or			
(Client's Record)	Brake: Inorder / Jammed / Leaked / Burnt or			
ake of Veh:	Modi: Nil / S/Rim / STD A/Rim or			
	Tyre Size: F: 120/79 ZR17			
(Policy Condition)	R: 160/707R17			
emark: 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			
al. or Market Value:	<u>Front</u> Rear			
DAC Accident Rport: Consistent? : Yes or No	R/Bal. S mm R/Bal. S mm			
SIA / PR Seen: Consistent?: Yes or No	L/Bal. mm L/Bal. mm			
st. Repairs: days Res.: Yes or No	D.O.A. 23/3/20 D.O.I. 27/3/20			
um Sum: % 3 Val.: Yes or No	Survey held at Southern Mater			
CA / REV / REP. / 24 HRS	Des. of Damages (Frt) Rear / O/S / N/S / U/C / Rooftop or			
Vehicle: IN / O				
Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision			
Date / Time Action / Instruction				
No.				
di ,				
ate/Time, File Pass to? : Preli. Report	Days Of Repair:			
: Final Report	Resurvey No. of Trip: Survey Fee:			
Date/Time, File Return to?	Transportation:			
Add F	ee: :Site Insp (\$)_s+Rs,_si			
	: Interview (\$) Photos			
Report Format :	: Tech. Invs (\$) Others			
Lump Sum / I.B.I: (\$: Weel:end (\$			