1-50	CC3/III16020059/T1ps3	WAT ON I
15/5/2010	7 1111000 1117	LKK: IDAC:
INS. CASE OWNER:		
	ASSIGNMENT	odlal up
Surveyor:	DOI:	Date / Time:
	Secretary and secretary	Registered in Merimen:
Pre-assign / CCU		
Insured Vehicle No	. : 540 4764H Claim No.	
Name of Insured	: ET PU Policy No.	. mcomoolb-
L U		HYWNON
Insured Tel No.	:HP:Make / Model	100001 mid in ton of LEDDAMAC
Excess Sec II :S\$	D.O.A: \(\frac{10}{10}\) Place of Accide	WORTH AVE 5
Is driver the owner		
		RT: YES NO ; TP GIA REPORT: YES NO
Driver Tel 1	No.: (V/L: YES)/ NO) Insured Liabilit	y: % Final? Yes/No
5EM 432	M	- CNT
70101 070		TIRGEN!
INSRS:	INSRS: WSP: WSP:	INSRS: WSP:
WSP: Tel: WW	WSP: Tel: Tel:	Tel:
Liability:	Liability: Liability:	Liability:
RMKS:	RMKS:	RMKS:
Date/ Time		
21/6/6	CFM 4327H -x.	STAGE DATE / PIC
VILOSION	I went to a solde	Non-Reporting ltr (1st): Non-Reporting ltr (2nd):
- Jaz	MD 4764H-CC3[MG18014638] Hyps 02 DOPT: 14[8](S	Non-Reporting Itr (Zind): Non-Reporting Itr (Final):
	· ·	Notification ltr (if non-pickup):
25/10/16 @ 1:40	OF reversed a hit to TP, Pending mandate	Call OI:
110011	OF reversed a hit to TP. lending mandate approval.	After call ltr to OI: Documentation Check List: Handler Typist
	that Touthen received healist? Is to agree to 100%?	Notification ltr (if non-pickup)
(Dlivia)	unkype report?	After call ltr to OI:
(Dilvar)	> As counting to 100 harring dom.	Authorisation To Act:
	to brow it trustited.	Release Voucher:
		Final Repair Bill:
16/11/2018	Pass tile to septino Tran. (Ouria)	Car Rental Invoice:
21.0110	2) ()	Towing Invoice
18/4/19 —	1)V 544	LTA / GIA:
1)111/16	Charles de	Medical Bill:
13 12 10-	(00 2) 3 mpc 11 0/10	PIR: Mayridate/Reject Instruction:
	A. Sperral case, Puncy unable tract	LOD
	Numer region ATA what hoper who	Payment Breakdown Form:
PRELIMINARY ADVICE		Post-Repair Photos:
		Others:
FINALIZATION	Date/Time: Confirm with:	Confirm by:
Repair Cost:	S\$ (days) Reduction: %	Email Call
FINAL SETTLEMENT	Date/Time: 19 6119 Confirm with Suham	Email Call
Final Liability:	% OQ (Agreed / Assessed) BOLA S/N No.: Ni	If No or B 28, Ass. Lia:
Repair Cost: Who The Loss of Rental (LOR): WM	ss 24976-37 ss 695-50 (5 days) > \$ 30.00	
Loss of Use (LOU):	S\$ - (\$ x days)	
Loss of Income (LOF):	S\$ — (\$ x days)	
LOR only LOU only	LOR + LOU LOR + LOI [Tick only one]	
GIA/LTA Search	S\$	
Medical:	S\$ -	1) Claim status: Normal/Reject/Private Settle
Disbursement:	S\$ (e.g. Tow/ Independent)	2) Report Format: (1) 3) Survey fee: (2)
Legal Cost	S\$ 5671 97 Clobal Sum S\$.	[3] Survey Ice:
Total: S\$ 25 67 87 Global Sum S\$: FINAL PAYMENT Date/Time: Confirm with: Email Call		
FINAL PAYMENT		
Payee 1:	000000000000000000000000000000000000000	
Payee 2: (Strike if N.A.) Payee 3: (Strike if N.A.)	S\$ Name 2: S\$ Name 3:	
Layee J. (Suike II IV.A.)	I tallio J.	