	15/5/2010		1					
			00 2 / 410	470 0 0			LKK:	
	INS. CASE OWNER:		CC 3 / AIG	51/022	445 / K	2/493	IDAC:	
-				ASSIGNM		,		***
	Surveyor:	RASUL	DOI:	23/11/	17	Date / Time :	23/11/4	
						Registered in Merim	2 /	1/2
	Pre-assign / CCU /	FTE				registered in Merini	ich	117
		00.00	-					
B	Insured Vehicle No.	: _ SGL 93	TIR		Claim No.	:		
	Name of Insured	:			Policy No.			
	I 1 T 1 2 I				Toney 140.			
	Insured Tel No.	:	HP:		Make / Model	:		
	Excess Sec II :S\$		D.O.A :	17	Place of Acciden	nt:		
	Is driver the owner?	(YES / NO)	Nature of Accident :					
	If NO Driver Nam	20 20						
	If NO, Driver Name / Age : Driver Tel No. :		777 7777 1777 1		OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO			/NO
	- Diverter	····	(V/L: YES / NO		Insured Liability	y: % Final? Yes/No		
	SMB 13761	<i></i>						
		-		•				
	INSRS:		SRS:	7	INSRS:		INSRS:	
	WSP: GMRT AND Tel:	71 1	-	*	WSP:		WSP:	
	Liability:	Tel	: bility :	H	Tel:	HH	Tel:	
	RMKS:	1197 -1073	IKS:	Ŋ	Liability:		Liability:	
		Idv	IKS.		RMKS:		RMKS:	
	Date/ Time							
		SMB 137607- CC	3/AIG14002617/RI	143c3 DO	1/-1/1	STAGE		E/PIC
		1-NC	INC 14001805/RIQ	n363 Do	A: 15/12/13	Non-Reporting ltr (1s		
		396 /3//\	,			Non-Reporting ltr (2: Non-Reporting ltr (F:		
						Notification ltr (if no		
	des.	1.				Call OI:		
						After call ltr to OI:		
						Documentation Che	eck List: Handler	Typist
						Notification ltr (if no	n-pickup)	
						After call ltr to OI:		
						Authorisation To Ac	t:	
						Release Voucher: Final Repair Bill:		
						Car Rental Invoice:		
						Towing Invoice		
			7			LTA/GIA:		
						Medical Bill:		
						PIR:		
				4	***	Mandate/Reject In	struction:	TEH
						LOD		
nn===						Payment Breakdov	vn Form:	
PRELIN	MINARY ADVICE	Date/Time:	Sent By:			Post-Repair Photos	s:	
						Others:		
	ZATION	Date/Time:	Confirm v	with:		Confirm by:		
Repair C		S\$. (days) Reduction	1:	%		Email Call	
	SETTLEMENT	Date/Time:	Confirm with			Email Call		
Final Lia		% (Agr	eed / Assessed) BOLA S/	N No.:		If NO or B 28, Ass	s. Lia :	
Repair C		S\$				-		
	Rental (LOR): Use (LOU):	S\$ (\$	days)					
	ncome (LOI):		x days)					
LOSS OF I		S\$ (\$ LOR + LOU	x days)	fals as less 2				
GIA/LTA		S\$	LOR + LOI [T	ick only one]		-		
Medical:		S\$				1) (1)		0.41
Disburse		S\$	(a a Tan	/ Independent	1	Claim status: N Report Format:	formal/Reject/Private	Settle
Legal Co		S\$	(e.g. 10w	, machenaeut	,	Survey fee:		
Total:		S\$	Global Sum S\$:			15,500,100		
FINAL	PAYMENT	Date/Time:	Confirm with:			Email Call		
Pavee 1:		S\$	Nome 1:			19		

Payee 2: (Strike if N.A.)
Payee 3: (Strike if N.A.)

S\$ S\$ Name 2: Name 3:

	-	-	•
J	-	-	
1	_	1	

<u>ASSIGNMENT</u>

From: Date:	Veh No: SMB 13764 Yr Regn: 2013 / July				
Estimated Cost:	Type: M.Car / M.Cycle / Bus Van / Lorry / Taxi / Prime Mover /				
OD / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or				
To Inspect Vehicle No:	Make: MAN NL 320F (AZZ) C.C (0518				
at Workshop m/s	Colour A/C: Insured / Std / NI / NA				
of	Sp.Reading T/Radio: Insured / Std / NI / NA				
Insured:	Eng/No:				
Policy No.	C/No: WMAA 222 20 D7 00 1838				
Claims No.	Gen. Cond: Good / Poor / Burnt				
Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or				
(Client's Record)	Brake: horder / Jammed / Leaked / Burnt or				
Make of Veh:	Modi: Nil / S/Rim / STD A/Rim or				
.*	Tyre Size: F: 275 70R275				
(Policy Condition)	R:				
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 (ONTINENTAL				
Bal. or Market Value:	<u>Front</u> <u>Rear</u>				
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 8 mm R/Bal. 8 mm				
GIA / PR Seen: Consistent?: Yes or No	L/Bal. & mm L/Bal. & \{\frac{1}{2}} mm				
Est. Repairs: days Res.: Yes or No	D.O.A. 12 11 17 D.O.I. 23 (1) 7				
Lum Sum: % 3 Val.: Yes or No	Survey held at SMFT				
CA / REV / REP. / 24 HRS	Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or				
Vehicle: IN / OUT Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.				
Date / Time Action / Instruction	The O/O / Chassis frame / Body Structure affected due to collision.				
Action / Indiadeon	P1 G				
Date/Time, File Pass to? : Preli. Report	Days Of Repair:				
	Resurvey No. of Trip: Survey Fee:				
Date/Time, File Return to?	Transportation:				
Add Fee					
Panast Format :	: Interview (\$). Photos : Tech. Invs (\$) Others				
Report Format:					
Lump Sum / I.B.I: (\$)	: Weekend (\$) .				
	TOTAL				