			T		12 +	() LKF	ζ :	
	15/5/2010		CC	/AIG1702	7640 1t	- tbb IDA	iC:	
	INS. CASE OWNER:		00				- F	
	Surveyor:	FSC		DOI:	GNMENT	Date / Time : Registered in Merimen:	10/4	la
	Pre-assign / CCU /	FTE	20 2 0 2					
	Insured Vehicle No.	: <u>ub</u> c	66 A		Claim No.	1		
1-0	Name of Insured				Policy No.	!		
R		700	HP:		Make / Model			_
	Insured Tel No.			27/11/18	Place of Accide	ent :		
	Excess Sec II :S\$	10	D.O.A : _		That of Head			
	Is driver the owner?	(YES / NO) Nature of	Accident :	ar proof	RT: YES / NO ; TP GIA	DEDODT: VES	/NO
	If NO, Driver Name	e / Age :					al? Yes/No	7110
	Driver Tel N	o.:	(V	/L: YES / NO)	Insured Liabilit	y: 76 III	ar. restrict	
	GQ 754:	<u> </u>			-			
	INSRS: WSP: WW Tel: Liability: RMKS:	or A	NSRS: WSP: Fel: Liability:		INSRS: WSP: Tel: Liability: RMKS:		INSRS: WSP: Tel: Liability: RMKS:	
D. Silver	Date/ Time					CTL CE	DAT	E/PIC
the same		GO FERTY	-4			STAGE Non-Reporting ltr (1st):	DAI	ETTIC
		GBC GOLVA	- Ublaca	176800F)	Hartisgraces: ula	Non-Reporting ltr (2nd):		
		107 C 6 3 C C				Non-Reporting ltr (Final) Notification ltr (if non-pic		
						Call OI:	жир).	
						After call ltr to OI:		
						Documentation Check I	List: Handler	Typist
						Notification ltr (if non-pic	ckup)	
- 3						After call ltr to OI:		
-17-						Authorisation To Act:		
7						Release Voucher: Final Repair Bill:		
5747						r mai Kepan Bin.		

Sent By:

days) Reduction:

Confirm with

days)

days)

days)

Global Sum S\$:

Confirm with:

Name 1:

Name 2:

Name 3:

LOR + LOI

(Agreed / Assessed) BOLA S/N No.:

Confirm with:

Tick only one

(e.g. Tow/ Independent)

PRELIMINARY ADVICE Date/Time:

FINALIZATION

FINAL SETTLEMENT

Loss of Rental (LOR):

Loss of Income (LOI):

FINAL PAYMENT

Payee 2: (Strike if N.A.)

Payee 3: (Strike if N.A.)

LOR only LOU only

Loss of Use (LOU):

GIA/LTA Search

Disbursement:

Fegal Cost

Total:

Payee 1:

Medical:

Repair Cost:

Final Liability:

Repair Cost:

Date/Time:

Date/Time:

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LOR + LOU

S\$

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Date/Time:

Car Rental Invoice:
Towing Invoice
LTA / GIA:
Medical Bill:
PIR:

LOD

Others: Confirm by:

Email Call

2) Report Format:

Email Call

3) Survey fee:

If NO or B 28, Ass. Lia:

%

Mandate/Reject Instruction:

Payment Breakdown Form: Post-Repair Photos:

Call [

Email [

1) Claim status: Normal/Reject/Private Settle

ASS. REC. BY:					
nneth	ASSIGNMENT				
From: Date:	Veh No: GQ 7587 X Yr Regn: GY, 9				
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: Toy Citage c.c 178,				
at Workshop m/s Chy /fre	Colour Silve A/C: Insured / Std / NI / NA				
of	Sp.Reading 19626, T/Radio: Insured / Std / NI / NA				
Insured:	Eng/No:				
Policy No.	C/No: KR42 . 00279				
Claims 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: Nii / S/Rim / STD A/Rim or				
	Tyre Size: F: Carola				
(Policy Condition)	R: Westark 165R13				
Remark: The veh had commenced its N/S	D/S BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /				
repair at the time of inspection.	TOYO / YOKO or				
Bal. or Market Value:	Front Rear				
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 7 mm R/Bal. 3 mm				
GIA / PR Seen: Consistent? : Yes or No	L/Bal.				
Est. Repairs: days Res.: Yes or No	D.O.A. 27/4/17 D.O.I. 28/11/19				
Lum Sum: 20 % 3 Val.: Yes or No	Survey held at				
3'19 CA REV REP. 24 HRS	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or				
Vehicle: IN /					
Date: Person Contacted: Date / Time Action / Instruction	The U/C / Chassis frame / Body Structure affected due to collision				
28/11 File pass to Cashing					
ate/Time, File Pass to? : Prell. Report	Days Of Repair:				
: Final Report	Resurvey No. of Trip: Survey Fee:				
Pate/Time, File Return to?	Transportation:				
Add I	Fee: : Site Insp (\$)S+RSSI				
	: Interview (\$) Photos				
	: Interview (\$) Photos				
eport Format :	Tech. Invs (\$) Others				