INS. CASE OWNER:	Stategra	CC 4/ASM1800	17711	H 205 DAC:	29303
	ADPLAN	DOI: ASSIGN	MENT V	Date / Time :	N18
Surveyor:	71-1			Registered in Merimen:	
Pre-assign / CCU / I	re-assign / CCU / FTE SJW 5736 R		Claim No. :		800
Name of Insured			Policy No.		
			Make / Model	:	
Insured Tel No. Excess Sec II :S\$		HP: D.O.A: 31/1/18	Place of Acciden		
Is driver the owner? If NO, Driver Name Driver Tel N		Nature of Accident : (V/L: YES / NO)	OI GIA REPOR	T: YES / NO ; TP GIA REI	PORT: YES / NO Yes / No
SKU 2001	T				
INSRS: WSP: Tel: Liability:	INSRS WSP: Tel: Liabilit		INSRS: WSP: Tel: Liability:	W	ISRS: SP: el: ability:
RMKS:	RMKS	1/4 -1/1	RMKS:	R	MKS:
Date/ Time		The same			DATE (DIC
	Clen room >x	; SJM \$ 176R	· X	Non-Reporting ltr (1st): Non-Reporting ltr (2nd): Non-Reporting ltr (Final): Notification ltr (if non-pickup	DATE / PIC):
				Call OI:	
				After call ltr to OI: Documentation Check List:	Handler Typist
				Notification ltr (if non-pickup	
				After call ltr to OI:	
				Authorisation To Act:	
				Release Voucher:	
				Final Repair Bill: Car Rental Invoice:	
				Towing Invoice	
				LTA / GIA :	
				Medical Bill:	
				PIR:	
				Mandate/Reject Instruction	n:
				LOD	
				Payment Breakdown Form	1:
PRELIMINARY ADVICE	Date/Time:	Sent By:		Post-Repair Photos: Others:	
	D. A. FE'	Confirm with:		Confirm by:	
FINALIZATION	Date/Time: S\$ (days) Reduction:	%	Email	Call
Repair Cost: FINAL SETTLEMENT	Date/Time:	Confirm with		Email Call	
Final Liability:		I / Assessed) BOLA S/N No. :		If NO or B 28, Ass. Lia:	
Repair Cost:	S\$				
Loss of Rental (LOR):	S\$ (days)			
Loss of Use (LOU):		days)			
Loss of Income (LOI):		k days) LOR + LOI [Tick only	onel		
LOR only LOU only	S\$	LOK + LOI LICK OHLY	onej		
GIA/LTA Search Medical:	S\$			1) Claim status: Normal/l	Reject/Private Settle
Disbursement:	S\$	(e.g. Tow/ Indepe	endent)	2) Report Format:	7
Legal Cost	S\$			3) Survey fee:	
Total:	S\$	Global Sum SS:		Email Call	
FINAL PAYMENT	Date/Time:	Confirm with:		Email Call	
Payee 1:	S\$	Name 1:			
Payee 2: (Strike if N.A.)	S\$	Name 2:	1		
Payee 3: (Strike if N.A.)	S\$	Name 3:	MATERIAL PROPERTY AND RESIDENCE OF THE PARTY		

Surreyor:	REF:		
3		ASSIGNMENT	
From:	Date:	Veh No: Skuzool	T. Yr Regn: 2015 M
Estimated Cost		Type M.Can / M.Cycle / Bus / Va	
	TP RES / OD RES / EVA / INV / MV	Truck / Trailer or	
To Inspect Veh		Make: Andi Alo	c.c 1984
at Workshop m		Colour While.	A/C: Insured / Std / NI / N
of		Sp.Reading 57974	T/Radio: Insured / Std / NI / I
Insured:		Eng/No:	
Policy No.			246AEN198887
Claims No.		Gen. Cond: Good / Fair / Poor / I	
Sum Insured:	Excess:	Steering: Inorder / Jammed / Lea	
(Client's Reco		Brake: Incorder / Jammed / Lea	
Make of Veh:	nw _j	Modi: Nil /S/Rim / STD A/R	
		Tyre Size: F: 2	45/45R18.
(Policy Condi	ition)		45/45R18.
	reh had commenced its N/S		LIZA / MIC / OHTSU / PIR / SUMI /
	ir at the time of inspection.	TOYO/YOKO or	LIZA / MIO / OTTOO / TIK / OOM!
Bal. or Market	Value	Front	Rear
IDAC Accident	AND NOT THE DUTY OF	R/Bal. of mm	R/Bal. 06
GIA / PR See		L/Bal. 06 mm	L/Bal. Qb
Est. Repairs:	days Res.: Yes or No	D.O.A.	D.O.I. 08/02/18
Lum Sum:	% 3 Val.: Yes or No	Survey held at Pre	nium.
		Des. of Damages : Frt / Rear /	
CA / REV	/ REP. / 24 HRS Vehicle:	7-	1 p/s.
Date:	Person Contacted:		Body Structure affected due to collis
Date / Time	Action / Instruction		
	TP AXA		
	,		
	3-		
Date/Time, File Pas	ss to? : Preli. Report	Days Of Repair:	
av.	: Final Report	Resurvey No. of Trip:	Survey Fee:
11			Transportation:
1) Date/Time, File Re		dd Fee: : Site Insp (\$)S + RS,SI
	A		
Date/Time, File Re	A	: Interview (\$) Photos
Date/Time, File Re) Photos) Others