155000	tine A	GTG, KIMB O LIKE
NS. CASE OWNER	CC 1/LPC1800 3	TI/ FYDY Y IDAC
	ASSIGNMEN	NT /
Surveyor:	Femeton DOI: WY	Dute / Time:
Jim reyna		Registered in Merimen:
Pre-assign / CCU	/FTE	Registred in Methica.
- Tr. Hongar, No.	SER 1594X	1414/14 voist 020371
Insured Vehicle No	N 1 20 20 20 20 20 20 20 20 20 20 20 20 20	Claim No.
Name of Insured	LITH FEWY LYNER MICHAEL	Policy No. : 218 70 50 6941
Insured Tel No.	HP: / Loc	Make / Model : MA TOH
	10/10/10/10/10/10/10/10/10/10/10/10/10/1	See Hiller weat
Excess Sec II :S\$		Place of Accident: 100 Office   PURCE
Is driver the owner		- (DATE \$100 DATE \$100 <u>12.</u> 513 10 March \$200 7500 17400 1940 1850 1940 1
If NO. Driver Nat		OI GIA REPORT, YES NO : TP GIA REPORT YES NO
Driver Tel I	No.: 1478 (D) (V/L: YES/NO)	Insured Liability: % Final? Yes/No
51N 807	NG	
-9.00		
INSRS: CH	INSRS:	INSRS: INSRS:
13—71	* n_//	WSP: WSP: Tel:
Tel:	ll Liability:	Liability: Liability:
RMKS:	RMKS:	RMKS. RMKS.
(nonvertex)	The second secon	DOMESTIC CONTROL CONTR
Date/Time	CIW ME WIS - SEPTEMBLY - Y	STAGE DATE/PIC
24/2/14	ELM HE ME - CELMENTIA-A	Non-Reporting lir (1st):
VO VILO		Non-Reporting ltr (2nd):
211		Non-Reporting lir (Final):
11/1/2000	0 11 0 1 1 11 11 11	Notification ltr (if non-pickup):
18/11/18 6 245	repaired to sejet TP chain.	fie TP Call OI: After call lir to OI:
	repaired to sejet TP claim.	Documentation Check List: Handler Typist
	To sumbount we sepost.	Notification ltr (if non-pickup)
	to sometime.	After call hr to Ol:
25/06/2021	File reopen by Swee Peng and KK Lau to amend	final report Authorisation To Act:
	as previous with check item	Release Voucher:
01/07/2021	Amend final figure to L/S = \$2,150.00	Final Repair Bill:
		Car Rental Invoice:
	*NO CHARGES*	Towing Invoice
	EMAIL ADMIN TO CLOSE	LTA/GIA:
		Medical Bill:
		Mandate/Reject Instruction:
		Payment Breakdown Form:
PRELIMINARY ADVICE	Date/Time: 1/0 1/18 Sent By: Sent	Post-Repair Photos:
8074-141 H (1907-107) (1907-107) (1907-107)	13/1/12	Others:
FINALIZATION	Date/Time: Confirm with:	Confirm by:
Repair Cost: L/S		% Email Call
FINAL SETTLEMENT	Date/Time: Confirm with	Email Call
Final Liability:	(Agreed / Assessed) BOLA S/N No.:	If NO or B 28, Ass. Lin :
Repair Cost:	22	
Loss of Rental (LOR):	SS ( days)	160
Loss of Use (LOU):	SS (S x days) SS (S x days)	State
Loss of Income (LOI): LOR only LOU only		
GIA/LTA Search	St   LON + LOC   LOK + LON     Free only one	
Medical:	SS	1) Claim status: Normal/Reject/Private Settle
Disborsement:	SS / (e.g. Tow/ Independent )	2) Report Format:
Legal Cost	sş	3) Survey fee: \$ 3.50/-
Total:	SS Global Sum SS:	
FINAL PAYMENT	Date/Time: Confirm with:	Email Call
Payee 1:	SS Name 1:	
Payee 2: (Strike if N.A.)	SS Name 2:	
Daniel & (Strike if M. A.)	CC Name 3:	