5/5/20	100	
2671.70	1.07	

INS. CASE OWNER:

## cc 6/ LCR 1800 3676, Awas

LKK: IDAC:

		ADRIAN	DOI:	ASSIGNME OV	NT X	Date / Times	23/0	2/18	
	Surveyor:	10-1		7		Date / Time : Registered in Me	rimen:		
	Pre-assign / CCU /	FTE				Registered in IVI			
4		817	81937						
	Insured Vehicle No.		011-1		Claim No.	:			
HA	Name of Insured				Policy No.	:			
K-D	Insured Tel No.		HP:		Make / Model				
			-12/1	0/					
	Excess Sec II :S\$		D.O.A : 13/ 1/1		Place of Accide	nt:			
	Is driver the owner?	( YES / NO )	Nature of Accident	<u>}</u>					
	If NO, Driver Nam	ne / Age :			OI GIA REPOR	T: YES / NO ;	TP GIA REPORT: Y	ES/NO	
	Driver Tel N	No. :	(V/L: YES	/ NO )	Insured Liability	y: %	Final? Yes/No		
	CTK 1914	É		_			-		
	201111	·							
	INSRS:	INSRS:	1	7	INSRS:		INSRS:		
1	WSP: Tel:	My WSP:		*	WSP: Tel:		WSP: Tel:		
	Liability:	Liability		Д	Liability:		Liability:		
	RMKS:	RMKS:	M	30	RMKS:	N N	RMKS:		
1	Date/ Time								
	Julie Time	Out 1 Out of the				STAGE	D	ATE / PIC	_
		89K10168 X:				Non-Reporting ltr			
		C101027 (22)11	017 0107	[Malorer 10	Challed Act	Non-Reporting ltr	(2nd):		
		8100197-009100	L12008(1)	101100014-10	0.) . 11 6(1.)	Non-Reporting ltr			
						Notification ltr (if Call OI:	поп-ріскир).		
						After call ltr to O			
		9				Documentation (	Check List: Handler	Typist	
						Notification ltr (if	non-pickup)		
						After call ltr to Ol			
						Authorisation To	Act:		
						Release Voucher:			
						Final Repair Bill:		_	
						Car Rental Invoic	e:		4
						Towing Invoice		_	<del>-</del>
						LTA / GIA :			┽
						Medical Bill:			┿
						PIR:	In atmostican		┽
				-		Mandate/Reject LOD	instruction.	= =	┿
						Payment Break	own Form:		ī
PRELIM	INARY ADVICE	Date/Time:	Sent By:			Post-Repair Pho			
						Others:			
FINALIZ	ZATION	Date/Time:	Confirm	with:		Confirm by:			
Repair Co		S\$ (	days) Reduction	on:	%	prisoner and	Email Call		
	ETTLEMENT		Confirm with			Email Ca			
Final Liab	-		Assessed) BOLA S	/N No. :		If NO or B 28, A	Ass. Lia :		
Repair Co	ental (LOR):	S\$ S\$ (	Anna						
	se (LOU):	S\$ (\$ x	days)						
	come (LOI):	S\$ (\$ x	days)						
LOR only				Tick only one]					
GIA/LTA		S\$							
Medical:		S\$				1) Claim status:	Normal/Reject/Priva	te Settle	
Disbursen	ment:	S\$	(e.g. Tov	w/ Independent )		2) Report Forma	it:		
Legal Cos	st	S\$	Page 16 grade			3) Survey fee:			
Total:		SS	Global Sum S\$:			1 -	,,		
FINAL P	PAYMENT	Date/Time:	Confirm with:			Email C	all		
Payee 1:		S\$	Name 1:						
	(Strike if N.A.)	S\$	Name 2:						
Payee 3: (	(Strike if N.A.)	S\$	Name 3:						

REF:  ASSIGNMENT
ASSIGNMENT
From: Veh No: SJK/9/4 E. Yr Regn: /
Estimated Cost:  Type: M.Carl 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:  at Workshop m/s  Make: If yundai Avante c.c  Colour Silvec. A/C: Insured / Std / NI / NA
of Sp.Reading 337091 T/Radio: Insured / Std / NI / NA
Insured: Eng/No:
(Silicités record)
Tyre Size: F: 17965K13
Remark: The veh had commenced its repair at the time of inspection.  N/S  O/S  BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO YOKO or
Bal. or Market Value: Front Rear
IDAC Accident Rport: Consistent?: Yes or No R/Bal. % mm R/Bal. of mi
GIA / PR Seen: Consistent?: Yes or No L/Bal. 06 mm L/Bal. 06 mm
Est. Repairs: days Res.: Yes or No D.O.A. D.O.I. 23 02 18
Lum Sum: % 3 Val.: Yes or No Survey held at Thin Meny,
Des of Damages : Ert / Rear / O/S / N/S / IVC / Roofton or
CA / REV / REP. / 24 HRS  Vehicle: IN / OUT
Date: Person Contacted: The U/C / Chassis frame / Body Structure affected due to collision
Date / Time Action / Instruction
TP LCR (A16)
Date/Time, File Pass to? : Preli. Report Days Of Repair:
Date/Time, File Return to?  Resurvey No. of Trip:  Survey Fee:  Transportation:
2) Add Fee: : Site Insp (\$ ) _s+Rssi
: Interview (\$ ) Photos
I. HILEFVIEW AV II PROUS
Report Format: Tech. Invs (\$ ) Others

TOTAL