15/5/2010		ccb, LURI80	4715.1	1105	LKK:		
INS. CASE OWNE	R:	·		/(//	DAC:	-	
Surveyor:	Moreus	DOI: ASSIGNM	3 LS	Date / Time :	13/3/14	rate of the	
Pre-assign / CCU	WE 1197 W		Claim No.	Registered in Merime	en: (%/%/18	_	
Name of Insured	;		Policy No.	-			
Insured Tel No.	1 2 2	HP:	Make / Model	:			
Excess Sec II :SS		D.O.A: 9318	Place of Accide				
Is driver the owner	r? (YES / NO)	Nature of Accident :					
If NO, Driver Na Driver Tel	The state of the s	OI GIA REPORT: YES / NO; TP GIA REPORT: YES / NO (V/L: YES / NO) Insured Liability: % Final? Yes / No					
SUP SPS	ν₹				*		
INSRS: WSP: Tel: Liability: RMKS:	INSRS WSP: Tel: Liabilit RMKS	ty:	INSRS: WSP: Tel: Liability: RMKS:		INSRS: WSP: Tel: Liability: RMKS:		
Date/ Time		4					
	Japs 85277 X	: SUE 1748 C	- X	STAGE	DATE / PIC		
		7 200 211 41		Non-Reporting ltr (1st Non-Reporting ltr (2nd			
				Non-Reporting ltr (Fin	nal):		
				Notification ltr (if non-	-pickup):		
				Call OI: After call ltr to OI:			
				Documentation Chec	ck List: Handler Typist		
				Notification ltr (if non			
				After call ltr to OI:	-ріскир)		
				Authorisation To Act:			
				Release Voucher:			
				Final Repair Bill:			
				Car Rental Invoice:			
				Towing Invoice			
				LTA / GIA :			
				Medical Bill:			
				PIR:			
				Mandate/Reject Inst	ruction:		
				LOD			
				Payment Breakdown	i Form:		
PRELIMINARY ADVICE	Date/Time:	Sent By:		Post-Repair Photos:			
				Others:			
FINALIZATION	Date/Time:	Confirm with:		Confirm by:			
Repair Cost:	S\$ (days) Reduction:	%		Email Call		
FINAL SETTLEMENT	Date/Time:	Confirm with		Email Call			
Final Liability:		/ Assessed) BOLA S/N No.:		If NO or B 28, Ass.	Lia:		
Repair Cost:	S\$						
Loss of Rental (LOR): Loss of Use (LOU):	S\$ (days) S\$ (\$ x days)						
Loss of Use (LOU):							
LOR only LOU only			1				
GIA/LTA Search	S\$	OR + LOI [Tick only one					
Medical:	S\$						
Disbursement:	-7			Report Format:			
Legal Cost	S\$						
Total:	SS	Global Sum SS:					
FINAL PAYMENT	Date/Time:	Confirm with:	20 TZ	Email Call		Services	
Payee 1:	S\$	Name 1:					
Payee 2: (Strike if N.A.)	S\$	Name 2:					
Payee 3: (Strike if N.A.)	S\$	Name 3:			10 to		

(08/11/13) wef REF:			
ASS. REC. BY: MCreus	A161		
ASS	SIGNMENT		
From: Date:	Veh No: 5271-8122 Yr Regn: 6,17		
Estimated Cost:	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /		
OD / FP WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or A		
To Inspect Vehicle No: 5LP 5852 \$	Make: Toyota vias c.c 1496		
at Workshop m/s sujes as	Colour Grey A/C: Insured / Std / NI / NA		
of	Sp.Reading T.F.C. T/Radio: Insured / Std / NI / NA		
Insured: 526 1656	Eng/No:		
Policy No.	C/No: MHF1329F-310201211		
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: Nil SIRIm / STD A/Rim or		
	Tyre Size: F: 195/501/6		
(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		
Bal. or Market Value:	<u>Front</u> Rear		
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. mm R/Bal. mm		
PR Seen: Consistent? : Yes or No	L/Bal. 7 mm L/Bal. 7 mm		
Est. Repairs: days Res.: Yes or No	D.O.A. 9/3/18 D.O.I. 13/3/18		
Lum Sum: % 3 Val.: Yes or No	Survey held at		
CA / REV / REP. / 24 HRS 72904	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or		
Date: Person Contacted: Vehicle: IN / OUT	Rear		
	The U/C / Chassis frame / Body Structure affected due to collision.		
7/3/10	Vih willian.		
Ž.			
eate/Time, File Pass to? : Prell. Report	Days Of Repair:		
	Resurvey No. of Trip: Survey Fee:		
Date/Time, File Return to?	Transportation:		
Add Fee:			
Penort Format	: Interview (\$) Photos		
Report Format :	: Tech. Invs (\$) Others		
Lump Sum / I.B.I: (\$)	: Weekend (\$)		
	TOTAL		