15/5/2010		1- 4	tab., (11/1/2	LKK:	
INS. CASE OWNER		CC 4/1111800 4	1201	(IDAC:	
	,	ASSIGN	MENT.		14/3/1X	
Surveyor:	marcus	DOI:	W/n/18	Date / Time :	1/2/18	-
Description / CCU	/ ETE			Registered in Merimo	en: Val	_
Pre-assign / CCU	XD 4	LVOX				
Insured Vehicle No	. :	. 0 (0 /	Claim No.	:		
Name of Insured	:		Policy No.	1		
Insured Tel No.		HD.	Make / Model			
		D.O.A: 20 n 18	Place of Accid			
Excess Sec II :S\$			Place of Accid	ent.		
Is driver the owner	? (YES / NO)	Nature of Accident :				
If NO, Driver Nan					IA REPORT: YES / NO	
Driver Tel N	No. :	(V/L: YES / NO)	Insured Liabili	ty: % I	Final? Yes/No	
521 1877	P)	→			*	
WSP: Pens	INSRS: WSP:		INSRS: WSP:		INSRS: WSP:	
Tel:	Tel:	1 4	Tel:	11-4	Tel:	
Liability:	Liability	y:	Liability:	K-b	Liability:	
RMKS:	RMKS:		RMKS:	0_9	RMKS:	
Date/ Time						
	911(8)74- X	o to use	04-40	STAGE	DATE / PIC	
				Non-Reporting ltr (1st)		
				Non-Reporting ltr (2nd Non-Reporting ltr (Fin		
				Notification ltr (if non-		
				Call OI:		
				After call ltr to OI:		
				Documentation Chec		
				Notification ltr (if non- After call ltr to OI:	pickup)	_
				Authorisation To Act:		=
				Release Voucher:		=
				Final Repair Bill:		=i
				Car Rental Invoice:		
				Towing Invoice		
				LTA / GIA:		
				Medical Bill:		
				PIR:		
				Mandate/Reject Instr	ruction:	
				LOD	Т	=
PRELIMINARY ADVICE	Date/Time:	Sent By:		Payment Breakdown Post-Repair Photos:	. rorm:	=
RELIMINARI ADVICE	Date Time.	Sell by.		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:	% (Agreed /	Assessed) BOLA S/N No.:		If NO or B 28, Ass. l	Lia :	
Repair Cost:	S\$					
Loss of Rental (LOR):	S\$ (days)				
Loss of Use (LOU):	S\$ (\$ x	days)				_
LOSs of Income (LOI): LOR only LOU only	S\$ (\$ x LOR + LOU LO	days) OR + LOI [Tick only one	1	-		
GIA/LTA Search	S\$	Thek only one	1			
Medical:	S\$			1) Claim status: Norr	mal/Reject/Private Settle	
Disbursement:	S\$	(e.g. Tow/ Independen	nt)	2) Report Format:		
Legal Cost	S\$			3) Survey fee:		
Total:	S\$	Global Sum S\$:				
FINAL PAYMENT	Date/Time:	Confirm with:		Email Call		
Payee 1:	S\$	Name 1:				
Pavee 2: (Strike if N.A.)	SS	Name 2:				

Name 3:

Payee 3: (Strike if N.A.)

S\$

ASS. REC. BY: Mercus REF:	11/1
	ASSIGNMENT
From: Date:	Veh No: 522/877A Yr Regn: 7/7
Estimated Cost:	Typer M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
OD TP WS/TP RES/OD RES/EVA/INV/MV	Truck/Trailer or (A)
To Inspect Vehicle No: SLL 1£77	Make: MCrade 3 c.c /486
at Workshop m/s Jepsul	Colour What A/C: Insured / Std / NI / NA
of	Sp.Reading F 9 F7F T/Radio: Insured / Std / NI / NA
Insured: XD 4640	Eng/No:
Policy No.	C/NO: JMBBNZZAPHOLK3070
Claims No.	Gen. Cond Good LFair / Poor / Burnt
Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Morder Jammed Leaked Burnt or
Make of Veh:	Modi: Nil S/Rim / STD A/Rim or
	Tyre Size: F:
(Policy Condition)	
Remark: The veh had commenced its N/S	
repair at the time of inspection.	DOT DON'T EXNOVAT GTT FST LIZAT MICTOHTSU/PIRTSUMIT
Bal. or Market Value;	To all to
IDAC Accident Rport: Consistent? : Yes or No	Front R/Bal. R/Bal.
GIA / PR Seen: Consistent? :Yes or No	mm
Est. Repairs: 4 days Res.: Yes or No	
Lum Sum: 22 % 3 Val.: Yes or No	- 4 3/10 = 2 / S/16
210	Survey held at
CA / REV / REP. / 24 HRS / Vehicle: If	1 2 1
Date:Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date Time Action / Instruction	2 / Structure affected due to collision.
P/3/18 4/5 #3500 CON	Fund why Sans
	\$
	•
late/Time, File Pass to?	
	Days Of Repair:
. Freii. Report	Resurvey No. of Trip: Survey Fee:
: Final Report	
: Final Report Date/Time, File Return to?	Transportation:
: Final Report Date/Time, File Return to?	d Fee: : Site Insp (\$)s + Rs,si
Date/Time, File Return to?	d Fee: : Site Insp (\$) S + RS,SI : Interview (\$) Photos
: Final Report Date/Time, File Return to?	d Fee: Site Insp (\$)S * RS,SI