15/5/2010		6	F762.	LKK:
INS. CASE OWNER	3	CC 6/QBE1800	1 9 157 /	IDAC:
	011.~	ASSIG	NMENT 3 &	Malex
Surveyor:	Adnan	DOI: WY	7/8	Date / Time : Registered in Merimen:
Pre-assign / CCU	/FTE			Togisteled in Marian
Insured Vehicle No	GBF 5	294k	Claim No.	
Name of Insured	1. The state of th		Policy No.	:
2_0		IIID.	Make / Model	
Insured Tel No.	:	10 2011	***************************************	
Excess Sec II :S\$		D.O.A: (// /n / b Nature of Accident:	Place of Accid	ent :
Is driver the owner		Nature of Accident.	OLGIA PEDO	RT: YES / NO ; TP GIA REPORT: YES / NO
If NO, Driver Nan Driver Tel I		(V/L: YES / NO)	Insured Liabili	
Stun	76y			
INSRS: WSP: Tel: Liability: MAR	INSRS: WSP: Tel: Liability RMKS:	1/4/ -1//	INSRS: WSP: Tel: Liability: RMKS:	INSRS: WSP: Tel: Liability: RMKS:
Date/ Time				
	SKN N76y- 9	UBE 5 29 4K	-4	STAGE DATE / PIC Non-Reporting ltr (1st):
				Non-Reporting ltr (2nd):
				Non-Reporting ltr (Final): Notification ltr (if non-pickup):
				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:
				Mandate/Reject Instruction:
				LOD LOD
				Payment Breakdown Form:
PRELIMINARY ADVICE	Date/Time:	Sent By:		Post-Repair Photos:
				Others:
FINALIZATION	Date/Time:	Confirm with:	0/	Confirm by:
Repair Cost: FINAL SETTLEMENT	S\$ (Date/Time:	days) Reduction: Confirm with	%	Email Call Email
Final Liability:		Assessed) BOLA S/N No. :		If NO or B 28, Ass. Lia:
Repair Cost:	S\$	LEGOSOCIA DICEA DITATIVA.		n 110 of D 20, riss. Litt.
Loss of Rental (LOR):	S\$ (days)		
Loss of Use (LOU):	S\$ (\$ x	days)		
Loss of Income (LOI):	S\$ (\$ x	days)		
LOR only LOU only		R + LOI [Tick only or	ne]	
GIA/LTA Search Medical:	S\$ S\$			1) Claim status: Normal/Paiact/Private Sattle
Medical: Disbursement:	S\$	(e.g. Tow/ Independ	lent)	Claim status: Normal/Reject/Private Settle Report Format:
Legal Cost	S\$	(o.g. 10w/ independ	,	3) Survey fee:
Total:	S\$	Global Sum S\$:		
FINAL PAYMENT	Date/Time:	Confirm with:		Email Call
Payee 1:	S\$	Name 1:		
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		

ASS. REC. BY: Abrian Liny

ASSIGNMENT

From: Date:	Veh No: Sku21767.	r Regn: 2015 / July.
Estimated Cost:	Type M.Carl M.Cycle / Bus / Van / Lorry /	
OD / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or	
To Inspect Vehicle No:	Make: Chevrolet Source	c.c 1398
at Workshop m/s	Colour Books. A/	C: Insured / Std / NI / NA
of	Sp.Reading 10480' T/I	Radio: Insured / Std / NI / NA
Insured:	Eng/No:	
Policy No.	C/No: KLITA 69FJF8	5152037.
Claims No.	Gen. Cond. Good/ Fair / Poor / Burnt	
Sum Insured: Excess:	Steering: Lander Jammed / Leaked / Burn	nt or
(Client's Record)	Brake: Inorder / Jammed / Leaked / Burn	nt or
Make of Veh:	Modi: Nil / S/Rim / STD A/Rim or	
V	Tyre Size: F: 215 55	RIL
(Policy Condition)	R: 215 55	R16-
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:	Front	ear
IDAC Accident Rport: Consistent? : Yes or No		/Bal. 06 mm
GIA / PR Seen: Consistent? : Yes or No		/Bal. DC mm
Est. Repairs: days Res.: Yes or No	9	1.0.1. 27/03/18
Lum Sum: % 3 Val.: Yes or No	Survey held at 1st Autou	
CA / REV / REP. / 24 HRS Vehicle: Date: Person Contacted:	Des. of Damages : Frt / Rear / O/S / N/S IN / OUT The U/C / Chassis frame / Body Stru	
· Date / Time Action / Instruction	· · · · · · · · · · · · · · · · · · ·	
TP QBE.		
MY: 65K		
1.1		
Nett: ISK		
Profesion - Decimal Control		
Date/Time, File Pass to? : Preli. Report	Days Of Repair:	
1) : Final Report	Resurvey No. of Trip:	Survey Fee:
Date/Time, File Return to?	part of the same o	ransportation:
2) A	dd Fee: Site Insp (\$)	_S+RS,SI
	: Interview (\$	Photos
Report Format :	:Tech. Invs (\$)	Others
Lump Sum / I.B.I: (\$: Weekend (\$)	
		TOTAL