15/5/20	10	
INS.	CASE	OWNER:

CC 6/AIG1800 GXX/AC63

LKK: IDAC:

	ASSIGNM DOI: ASSIGNM	U/X	Date / Time:	
Surveyor:	Pl VIIIVI BOI.	-(00	- 11/11	
D 1 1000	(F200E)		Registered in Merimen:	
Pre-assign / CCU	SLQ 1302R			
Insured Vehicle No	STOC 130PF	Claim No.		
Name of Insured		Policy No.	:	
2_0	-			
Insured Tel No.	:HP:	Make / Model	:	
Excess Sec II :S\$	D.O.A:	Place of Accid	lent :	
Is driver the owner	? (YES / NO) Nature of Accident :			
If NO, Driver Nan	ne / Age :	OI GIA REPO	RT: YES / NO ; TP GIA REPORT: YES / NO	
Driver Tel I	No.: (V/L: YES / NO)	Insured Liabili	ty: % Final? Yes/No	
566 1907	2			
769 (00)	$\overline{} \longrightarrow \underline{} \longrightarrow$			
INSRS: GALL WSP: Tel: Liability: RMKS:	INSRS: WSP: Tel: Liability: RMKS:	INSRS: WSP: Tel: Liability: RMKS:	INSRS: WSP: Tel: Liability: RMKS:	
Date/ Time				
	96 1907 7 - 4 40 2 mor	R-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:	
			PIR:	
			Mandate/Reject Instruction:	
			LOD	
			Payment Breakdown Form:	
PRELIMINARY ADVICE	Date/Time: Sent By:		Post-Repair Photos:	
FINALIZATION	Deta (Filmer)		Others:	_
Repair Cost:	Date/Time: Confirm with: S\$ (days) Reduction:	Cf.	Confirm by: Email Call	
FINAL SETTLEMENT	S\$ (days) Reduction: Date/Time: Confirm with	%	Email Call Email	_
Final Liability:	% (Agreed / Assessed) BOLA S/N No. :		If NO or B 28, Ass. Lia :	
Repair Cost:	S\$		1110 01 0 20, 7155. 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	LOR + LOU LOR + LOI [Tick only one]			
GIA/LTA Search	S\$			
Medical:	S\$		1) Claim status: Normal/Reject/Private Settle	
Disbursement:	S\$ (e.g. Tow/ Independent)	2) Report Format: 3) Survey fee:	
Legal Cost Total:	S\$ S\$ Global Sum S\$:		3) Survey Icc.	_
FINAL PAYMENT	Date/Time: Confirm with:		Email Call	_
			Linui Cun	
Payee 1:	S\$ Name 1: S\$ Name 2:			
Payee 2: (Strike if N.A.) Payee 3: (Strike if N.A.)	S\$ Name 2: S\$ Name 3:			
a uyee o. (ourke ii 14.74.)	110000			-

REF:

ASSIGNMENT

From: Date:	Veh No: SLG 1901Z, Yr Regn: 2016, hugon.
Estimated Cost:	Type: M.Ca. / 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:	Make: Hyundai Tucson. c.c 1999
at Workshop m/s	Colour Grey, A/C: Insured / Std / NI / NA
of	Sp.Reading CS412 T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:
Policy No.	C/No: KMH J38 (3MHU 29 5212.
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 / S/Rim / STD A/Rim or
	Tyre Size: F: 225/60R17.
(Policy Condition)	R: 225/60R17.
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 Hankook.
Bal. or Market Value:	Front Rear
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 06 mm R/Bal. 09 mm
GIA / PR Seen: Consistent? : Yes or No	L/Bal. 06 mm L/Bal. mm
Est. Repairs: days Res.: Yes or No	D.O.A. D.O.I. 0 04 18
Lum Sum: % 3 Val.: Yes or No	Survey held at Success United
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear /O/S// N/S / U/C / Rooftop or
Vehicle: IN / OUT	
Date:Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction ACG,	
1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	
	- Lik
Date/Time, File Pass to? : Preli. Report	Days Of Repair:
	Resurvey No. of Trip: Survey Fee:
Date/Time, File Return to?	Transportation:
2) Add Fee	
	: Interview (\$) Phqtos
Report Format :	:Tech. Invs (\$) Others
Lump Sum / I.B.I: (\$: Weekend (\$
	. Weekend (F