15/5/20 TNIS	O10 CASE OWNER:		cc4	/ AIG1800	195, m	11 ua3	LKK: IDAC:			
	veyor:	WA CP		ASSIGNME	(18	Date / Time :	13/	418		
Pre	-assign / CCU /	FTE				Registered in Merin	nen:	181	416	1
(Same		JULU	14 C		Claire Na					
Insu	ared Vehicle No.	:		all advances on the second	Claim No.	:			9	
Nan	ne of Insured	1			Policy No.	:				
Insu	Insured Tel No.		HP:		Make / Model					
Exc	Excess Sec II :SS		D.O.A: 5 4 18		Place of Accident:					
Is d	river the owner?	(YES / NO)	Nature of A	ccident :						
If N	O, Driver Name	e / Age :			OI GIA REPOR	T: YES / NO ; TP	GIA REPORT:	YES / NO)	
	Driver Tel N		(V/I	L: YES / NO)	Insured Liability		Final? Yes /			
	010 9000									
	272 1117						-		-	
WS Tel Lial	1. 600	INSRS: WSP: Tel: Liability RMKS:	i.		INSRS: WSP: Tel: Liability: RMKS:		INSRS: WSP: Tel: Liability RMKS:	:		
Date	e/ Time			·					NAME OF TAXABLE PARTY.	marks 20 cl mark
		X J SARRZIR	- 6	cull C	A	STAGE Non-Reporting ltr (1s		DATE / P	IC	
		003 0013 0 4)			Non-Reporting ltr (2)				
						Non-Reporting ltr (Fi				
						Notification ltr (if no Call OI:	1-ріскир):			
						After call ltr to OI:				
						Documentation Che	ck List: Hand	ler Typ	ist	-
						Notification ltr (if no	n-pickup)			
						After call ltr to OI:	L			
						Authorisation To Act	: L			
						Release Voucher: Final Repair Bill:	Γ			
						Car Rental Invoice:				
						Towing Invoice				
						LTA / GIA :				
						Medical Bill:				
						PIR:				
						Mandate/Reject Ins	truction:			
					Я	LOD				
DDEX IN TAX	DV / DV/CP	Data/Time:		Sent By:	WALLOW THE RESERVE OF THE SALES AND THE SALES	Payment Breakdow Post-Repair Photos				
PRELIMINA	ARY ADVICE	Date/Time:		вен Бу.		Others:				
FINALIZAT	TON	Date/Time:	(Confirm with:		Confirm by:	IN A SCHOOL OF THE SHAP	HEAT OF THE PARTY		ACCUSATION N
Repair Cost:		S\$ (Reduction:	%	•	Email C	all		
FINAL SET	Charles a Service to Total design	CHECK THE PARTY AND ADDRESS OF THE PARTY OF	Confirm w	COMPLETE SERVICE CONTRACTOR OF THE PROPERTY OF THE PERSON		Email Call			NAME OF THE OWNER, OF THE OWNER, OF THE OWNER, OF THE OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER,	
Final Liability	y:	% (Agreed /	Assessed) I	BOLA S/N No. :		If NO or B 28, Ass	Lia:			
Repair Cost:		S\$								
Loss of Renta		S\$ (days)							
Loss of Use (S\$ (\$ x	days)							
Loss of Incom	LOU only	S\$ (\$ x LOR + LOU LO	days)	[Tick only one]						
GIA/LTA Sea		S\$		[Lancia om j one]						
Medical:		S\$				1) Claim status: No	rmal/Reject/Pri	vate Settle	3	
Disbursement:		S\$	(e.g. Tow/ Independent)		2) Report Format:		15		
Legal Cost		S\$				3) Survey fee:				
Total:	ALBERTAN STATE OF STREET	STATE OF THE PARTY	Global Su	THE RESIDENCE OF THE PARTY OF T	NOTE IN THE PARTY OF THE PARTY					ARREST CHES
FINAL PAY		Date/Time:	Confirm w	ıtn:		Email Call				-
Payee 1:		S\$	Name 1:							
Payee 2: (Stri		S\$	Name 2:							

08/11/13	REF: AU						
gussiloc		GNMENT					
From:	Date: 18042018	Veh No: SS 9995C	Yr Regn: FEB , 2010.				
Estimated Cost:		Type M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /					
OD / TP / WS / TP RES / OD RES / E		Truck/Trailer or					
	3 1.5 995 C	Make: WBC 5350 c.c 3498					
	Kum Chew	Colour Sack	T/Radio: Insured / Std / NI / NA				
of [60 S]	n ming Drive #05-08	op.reduing (22 - ()					
Insured:		Eng/No: WIDD2120572AG31010,					
Policy No.		Gen. Cond Good / Fair / Poor / Burnt					
Claims No.	-	Steering: (norder / Jammed / Leaked / Burnt or					
Sum Insured:	Excess:						
(Client's Record)		Brake: (norder / Jammed / Leaked / Burnt or Modi: Nil /(S/Rim / STD A/Rim or					
Make of Veh:		2 25 12 5-12 10					
(5.1%)		224/2/10/0					
(Policy Condition) Remark: The veh had commenced i	ts N/S O/S	R: 275/80/P/7 BS/DUN/EXNOVA/GY/FS/LIZA/MIC/OHTSU/PIR/SUMI/					
repair at the time of inspe		TOYO / YOKO or					
Bal as Market Value of CEE		Front	Rear				
Bal. or Market Value:	nsistent? : Yes or No	R/Bal. mm	R/Bal. mm				
IDAO Accident report.	nsistent? : Yes or No	L/Bal. mm	L/Bal. amm				
Est. Repairs: days	Res.: Yes or No	D.O.A., 5/4/2012	D.O.I. 18/4/2018				
Lum Sum: %	3 Val.: Yes or No	Survey held at	1				
Lum Jum.		Des. of Damages (Frt) Rear / O/S / N/S / U/C / Rooftop or					
CA / REV / REP. / 24 HRS	Vehicle: IN / OUT						
Date: Person Conta	cted:	The U/C / Chassis frame / Body Structure affected due to collision.					
Date / Time Action / Instruction							
	, and the second						
			•				
Date/Time, File Pass to? : Pre	li. Report	Days Of Repair:					
1) : Fin	al Report	Resurvey No. of Trip:	Survey Fee:				
Date/Time, File Return to?		pacademican	Transportation:				
2)	Add Fee	Substitution of the same of th)s +Rssl				
		Interview (\$) Photos				
Report Format :		: Tech. Invs (\$) Others				
Lump Sum / I.B.I: (\$)	Weekend (\$					
			TOTAL				