INS. CASE OWNER			CC 6 / DAY 180	00 7674,	A pa3 LKK		
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Surveyor:	AOR	IAN	DOI:	26/1/18	Date / Time :	74141	8
Pre-assign / CCU /	/ FTE	2711 121	27		Registered in Merimen:		
Insured Vehicle No.		KI NIS	171	Claim No.	: <u>6 - 1 - 2 - 1</u>		
Name of Insured							
Insured Tel No. : HP:			Policy No.	:			
			Make / Model				
Excess Sec II :S\$		D.0	D.A: 23/4/18	Place of Accid	dent:		
Is driver the owner?	? (YES / 1	NO) Na	ture of Accident :				
If NO, Driver Nam Driver Tel N			(V/L: YES / NO)	OI GIA REPO	ORT: YES / NO ; TP GIA :	REPORT: YES	/ NO
GBC 295	3 Y		>	•			
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PRELI FINA FINAL SETTLEMENT Date/Time: Confirm with Email Call Final Liability: (Agreed / Assessed) BOLA S/N No.: If NO or B 28, Ass. Lia: Repair Cost: Loss of Rental (LOR) S\$ days) Loss of Use (LOU): S\$ (\$ days) Loss of Income (LOI): S\$ (\$ 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: Legal Cost S\$ 3) Survey fee: Total: Global Sum S\$: SS FINAL PAYMENT Date/Time: Confirm with: Email Call Porce 1: S\$ Name 1: Payee 2: (Strike if N.A.) S\$ Name 2:

Name 3:

Payce'3:'(Strike if N.A.)

S\$

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0	ASSIGNMENT
From: Date:	Veh No: GBC 29537. Yr Regn: 2011/Nov
Estimated Cost:	Type: M.Car / 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: Nissan Cabstar c.c 2953
at Workshop m/s	Colour Silves. A/C: Insured / Std / NI / NA
of	Sp.Reading 185630 T/Radio: Insured / Std / NI / NA
Insured;	Eng/No:
Policy No.	C/No: JNISC2F24 Z0850270.
Claims No.	Gen. Cond: Good / Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
	Brake: Inorder / Jammed / Leaked / Burnt or
(Client's Record) Make of Veh:	Modi: (Nil) S/Rim / STD A/Rim or
Ividae of Vell.	
	Tyre Size: F: 195 R15 C. Journey. R: 165 R13 C. Journey.
(Policy Condition) Remark: The yeb had commenced its N/S	
Remark: The veh had commenced its N/S repair at the time of inspection.	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or
Bal. or Market Value:	Front Rear
IDAC Accident Rport: Consistent? : Yes or No	
GIA / PR Seen: Consistent? : Yes or No	L/Bal. of mm L/Bal. of mm
Est. Repairs: days Res.: Yes or No	
Lum Sum: % 3 Val.: Yes or No	
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
Vehicle: Date: Person Contacted:	: IN / OUT
Date / Time Action / Instruction	The U/C / Chassis frame / Body Structure affected due to collision.
TP Dixect Asia.	
11 11 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Date/Time, File Pass to? : Preli. Report	Days Of Repair:
i) : Final Report	Resurvey No. of Trip: Survey Fee:
Date/Time, File Return to?	Transportation:
2) A	Add Fee: : Site Insp (\$)s+Rssi
	: Interview (\$,) Photos
Report Format :	: Tech. Invs (\$) Others
Lump Sum / I.B.I: (\$ · ·)	: Weekend (\$ ·)
)	TOTAL