15/5/2010 LVS. CASE OWNER	Francis	CC 4/601 ₁₈₀₀	7800 /	1/12/2	LKK: IDAC:
Surveyor:	mper	DOI: ASSIGN	MENT V8	Date / Time :	26/4/8
Pre-assign / CCU				Registered in Merim	en:
Insured Vehicle No	SJL S	5231 K	Claim No.	1	
Name of Insured					V 7
			Policy No.		,
Insured Tel No.	:		Make / Model		
Excess Sec II ;S\$		D.O.A: 25/4/18	Place of Accide	ent:	
Is driver the owner	? (YES / NO)	Nature of Accident :			
If NO , Driver Nam Driver Tel 1		(V/L: YES / NO)	OI GIA REPOR		GIA REPORT: YES / NO Final? Yes / No
SLR 1415	T				
31K 1415	<u> </u>				→
INSRS: WSP: Abwn Tel: Liability: RMKS:	INSRS: WSP: Tel: Liability RMKS:		INSRS: WSP: Tel: Liability: RMKS:		INSRS: WSP: Tel: Liability: RMKS:
Date/ Time	SLR14157-X;	C71 1721 1 V			
	SLR14157-X;	SJ L 5231 K- X		STAGE Non-Reporting ltr (1st	DATE / PIC
				Non-Reporting ltr (2nd	
				Non-Reporting ltr (Fir	
				Notification ltr (if non Call OI:	-pickup):
				After call ltr to OI:	
				Documentation Chec	k List: Handler Typist
	*			Notification ltr (if non	-pickup)
*				After call ltr to OI:	Manager Manage
				Authorisation To Act: Release Voucher:	Parameter
				Final Repair Bill:	
				Car Rental Invoice:	AND
				Towing Invoice	
				LTA/GIA:	
				Medical Bill:	
				PIR:	
				Mandate/Reject Inst LOD	ruction:
				Payment Breakdown	ı Form:
PRELIMINARY ADVICE	Date/Time:	Sent By:		Post-Repair Photos:	
				Others:	
FINALIZATION	Date/Time:	Confirm with:		Confirm by:	
Repair Cost:	S\$ (days) Reduction:	%	The second secon	Email Call
FINAL SETTLEMENT	Date/Time:	Confirm with		Email Call	T .
Final Liability: Repair Cost:	% (Agreed / S\$	Assessed) BOLA S/N No.:		If NO or B 28, Ass.	Lia:
Loss of Rental (LOR):	S\$ (days)			
Loss of Use (LOU):	S\$ (\$ x	days)			
Loss of Income (LOI):	S\$ (\$ x	days)			
LOR only LOU only	Time to the second seco	OR + LOI [Tick only or	ne]		
GIA/LTA Search	S\$			1) (1)	18 1 18 1 2 2
Medical: Disbursement:	S\$ S\$	(e.g. Tow/ Independe	ent \	Claim status: Nor Report Format:	mal/Reject/Private Settle
Legal Cost	S\$	(c.g. row/ maepenae	ont)	3) Survey fee:	
Total:	SS	Global Sum S\$:			
FINAL PAYMENT	Date/Time:	Confirm with:		Email Call	
Payee 1:	S\$	Name 1:			7.55
Payee 2: (Strike if N.A.)	S\$	Name 2:	· · ·		
Payre 3: (Strike if N A)	22	Name 3:			i

ASSIGNMENT Vehible SLR 14457 YEAR REPLAY ON SOLUTION SOL		REF: EQ	21		
Selection Report Constitute of the selection of the sele	Simsting.			17.13.	
Add Fee: Star Make Type Type Make Type	,		ASSIGNME	.IVI	
Truck / Trailer or CA Make: 7 by C he rr. c. c. 9 c. Make: 7 by C he rr. c. c. Mak	From:	Date: 0315	20\8 Veh No:	SLR146	Ty Yr Regn: 8 1 1 1
Inspect Vehicle No: SIR INITIAT Aloun Senvices Condition Senvices Aloun Se	Estimated Cost:		Туре:М	Car / M.Cycle / Bus /	Van / Lorry / Taxi / Prime Mover /
Sp. Reading / 2 3 3 Triadic Insured / Std / Ni / Ni Reading / 2 3 3 Triadic Insured / Std / Ni / Ni Reading / 2 3 3 5 Triadic Insured / Std / Ni / Ni Reading / 2 3 3 5 Triadic Insured / Std / Ni / Ni Reading / Std / Ni Ni / Ni Reading / Std / Ni Ni / Ni Reading / Std / Ni Ni Ni Ni Reading / Std / Ni Ni Ni Ni Ni Ni Reading / Std / Ni	DD (TP) WS / TP RES / OD	RES / EVA / INV / MV	Т	ruck / Trailer or (A	1/
Sp. Reading / 2 3 3 Triadic Insured / Std / Ni / Ni Reading / 2 3 3 Triadic Insured / Std / Ni / Ni Reading / 2 3 3 5 Triadic Insured / Std / Ni / Ni Reading / 2 3 3 5 Triadic Insured / Std / Ni / Ni Reading / Std / Ni Ni / Ni Reading / Std / Ni Ni / Ni Reading / Std / Ni Ni Ni Ni Reading / Std / Ni Ni Ni Ni Ni Ni Reading / Std / Ni	To Inspect Vehicle No:	SLR 1415T	Make:	Toyote	harrier 0.0 1988
Sp. Reading / 2 3 3 Triadic Insured / Std / Ni / Ni Reading / 2 3 3 Triadic Insured / Std / Ni / Ni Reading / 2 3 3 5 Triadic Insured / Std / Ni / Ni Reading / 2 3 3 5 Triadic Insured / Std / Ni / Ni Reading / Std / Ni Ni / Ni Reading / Std / Ni Ni / Ni Reading / Std / Ni Ni Ni Ni Reading / Std / Ni Ni Ni Ni Ni Ni Reading / Std / Ni			S Colour	utile	A/C: Insured / Std / NI / NA
EngiNo: College No. Claims No. Som Insured: Excess: College Record) Adake of Veh: Affornoon (Policy Condition) Remark: The veh had commenced its repair at the time of inspection. Sal. or Market Value: Diff Accident Rport: Consistent?: Yes or No Est. Repairs: days Res: Yes or No Est. Repairs: Date: Person Contacted: Date / Time Action / Instruction Action / Instruction Action / Instruction Action / Instruction Add Fee: Size Interview (S) Interview (S	of				
Color Security No. Calcium No. Color Security Poor / Burnt Steering In Carl / Poor / Burnt Steering In Carl / Jammed / Leaked / Burnt or Brake: Steering In Carl / Jammed / Leaked / Burnt or Modi: Nil SRip / STD ARim or Tyre Size: F: 2 3 5 / 5 / 10 / 5 R: Brown / Sun / StD Arim or Tyre Size: F: 2 3 5 / 5 / 10 / 5 R: Brown / Sun / StD Arim or Tyre Size: F: 2 3 5 / 5 / 10 / 5 R: Brown / Sun / StD Arim or Tyre Size: F: 2 3 5 / 5 / 10 / 5 R: Brown / Sun / StD Arim or Tyre Size: F: 2 3 5 / 5 / 10 / 5 R: Brown / Sun / StD Arim or Tyre Size: F: 2 3 5 / 5 / 10 / 5 R: Brown / Sun / StD Arim or Tyre Size: F: 2 3 5 / 5 / 10 / 5 R: Brown / Sun / StD Arim or Tyre Size: F: 2 3 5 / 5 / 10 / 5 R: Brown / Sun / StD Arim or Tyre Size: F: 2 3 5 / 5 / 10 / 5 R: Brown / Sun / StD Arim or Tyre Size: F: 2 3 5 / 5 / 10 / 5 R: Brown / Sun / StD Arim or Tyre Size: F: 2 3 5 / 5 / 10 / 5 R: Brown / Sun / StD Arim or Tyre Size: F: 2 3 5 / 5 / 10 / 5 R: Brown / Sun / StD Arim or Tyre Size: F: 2 3 5 / 5 / 10 / 5 R: Brown / Sun / StD Arim or Tyre Size: F: 2 3 5 / 5 / 10 / 5 R: Brown / Sun / StD Arim or Tyre Size: F: 2 3 5 / 5 / 10 / 10 / 10 / 10 / 10 / 10 / 1	nsured:		k Eng/No:	•	
Claims No. Som insured: (Client's Record) Alake of Veh: (Policy Condition) Remark: The veh had commenced its repair at the time of inspection. Said. or Market Value: Def Accident Report: Consistent?: Yes or No Lum Sum: A YBR Seen Consistent?: Yes or No CA / REV / REP. / 24 HRS Date: Person Contacted: P		JIZZ		ZSU	(6000906fx
Steering: Insured: (Client's Record) Make of Veh: Afternoon (Policy Condition) Remark: The veh had commenced its Repair at the time of inspection. Sal. or Market Value: Doll Accident Rport: Consistent?: Yes or No Consistent?: Yes or No Doll Accident Rport: Consistent?: Yes or No Doll Accident Rport:			Gen. Co	nd: Fair / Poor	r / Burnt
Collent's Record Collent's R		Excess:	Steering	: In over / Jammed /	Leaked / Burnt or
Afternoon (Policy Condition) Remark: The veh had commenced its repair at the time of inspection. Bal. or Market Value: Def. Accident Rport: Consistent?: Yes or No Est. Repairs: days Res.: Yes or No CA / REV / REP. / 24 HRS Date: Person Contacted: Date / Time Action / Instruction Action / Instruction Action / Instruction Date / Time Action / Instruction Add Fee: Site Insp (\$) _ S + RS_SI Interview (\$] Photos Regort Format: Modi: Nix SRipy / STD A/Rim or Tyre Size: F: 2 3 5 / S - R - R - R Rear Tyre Size: F: 2 3 5 / S - R - R - R Rear Tyre Size: F: 2 3 5 / S - R - R - R Rear Toyo / Yoko or Front Rear RiBal. mm LiBal. mm LiBal. Do. A. 24 / LiBal. Do. J. 3 / J - R Modi: Nix SRipy / STD A/Rim or Tyre Size: F: 2 3 5 / S - R - R Rear Toyo / Yoko or Front Rear RiBal. mm LiBal. Do. J. 3 / J - R Modi: Nix SRipy / STD A/Rim or Tyre Size: F: 2 3 5 / S - R - R Rear Toyo / Yoko or Front Rear RiBal. mm LiBal. Do. J. 3 / J - R Modi: Nix SRipy / STD A/Rim or Tyre Size: F: 2 3 5 / S - R - R Rear Toyo / Yoko or Front Rear RiBal. mm LiBal. Do. J. 3 / J - R Modi: Nix SRipy / STLIZA / MIC / OHTSU / PIR / SUMI/ Toyo / Yoko or Front Rear Do. J. 3 / J - R Modi: Nix SRipy / STLIZA / MIC / OHTSU / PIR / SUMI/ Toyo / Yoko or Front Rear RiBal. mm Do. J. 3 / J - R Modi: Nix SRipy / STLIZA / MIC / OHTSU / PIR / SUMI/ Toyo / Yoko or Front Rear RiBal. mm Do. J. 3 / J - R Modi: Nix SRipy / STLIZA / MIC / OHTSU / PIR / SUMI/ Toyo / Yoko or Front Rear RiBal. mm Do. J. 3 / J - R Rear RiBal. mm Do. J. 3 / J - R Rear RiBal. mm Do. J. 3 / J - R Rear RiBal. mm Do. J. 3 / J - R Rear RiBal. mm Do. J. 3 / J - R Rear RiBal. mm Do. J. 3 / J - R Rear RiBal. mm Do. J. 3 / J - R Rear RiBal. mm Do. J. 3 / J - R Rear RiBal. Toyo / Yoko or RiBal. Toyo / Yoko or RiBal. Toyo / Yoko RiBal. T			Brake:	morger / Jammed /	Leaked / Burnt or
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Date: Person Contacted: Vehicle: IN / OUT The U/C / Chassis frame / Body Structure affected due to collisi Date / Time Action / Instruction L74 12	/.1/	41100	Des. of	Damages : Frt / Rea	r / O/S / N/S / U/C / Rooftop or
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Date/Time, File Pass to? I: Preli. Report Days Of Repair: 1)	Date: Perso		The	U/C / Chassis frame	e / Body Structure affected due to collision
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