15/5/2010		1 00 6 1101000	mag. A	Mb3 LK		
INS. CASE OWNER		CC V/AIG1800	1 / / /	IDA	AC:	
Surveyor:	Milian	DOI: ASSIGN	5 W	Date / Time :	15/18	
Pre-assign / CCU	SLH	7404B	Claim No.	Registered in Merimen:	_7 (9 (v8	
Name of Insured	0		Policy No.			
L U	•					
Insured Tel No.	:	-HP:	Make / Model			
Excess Sec II :S\$		D.O.A: 78 1418	Place of Accide	nt :		
Is driver the owner	? (YES / NO) Nature of Accident :					
If NO , Driver Nan Driver Tel N			OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO Insured Liability: % Final ? Yes / No			
544 48	105k					
INSRS: WSP: Tel: Liability: RMKS:	INSRS WSP: Tel: Liabilit RMKS	ty:	INSRS: WSP: Tel: Liability: RMKS:		INSRS: WSP: Tel: Liability: RMKS:	
Date/ Time						
	Sph 4805 = ~	5 M 5404		STAGE Non-Reporting ltr (1st): Non-Reporting ltr (2nd): Non-Reporting ltr (Final): Notification ltr (if non-pic Call OI: After call ltr to OI: Documentation Check L Notification ltr (if non-pic 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 Instruct LOD Payment Breakdown Fo	ist: Handler Typist kup)	
PRELIMINARY ADVICE	Date/Time:	Sent By:		Post-Repair Photos: Others:		
FINALIZATION	Date/Time:	Confirm with:		Confirm by:		
Repair Cost:	S\$ (days) Reduction:	%	Ema	nil Call	
FINAL SETTLEMENT	Date/Time:	Confirm with		Email Call		
Final Liability:		/ Assessed) BOLA S/N No. :		If NO or B 28, Ass. Lia		
Repair Cost:	S\$					
Loss of Rental (LOR):	S\$ (days)				
Loss of Use (LOU): Loss of Income (LOI):	S\$ (\$ x S\$ (\$ x	days)				
LOR only LOU only		days) OR + LOI [Tick only one	1			
	S\$	OK + LOI [TICK ONLY ONE	J.			
Medical:	S\$			1) Claim status: Normal	/Reject/Private Settle	
Disbursement:	S\$	(e.g. Tow/ Independer		2) Report Format:	Jeens and Seems	
Legal Cost	S\$	VD- vo machemen		3) Survey fee:		
	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:				

REF:

	ASSIGNMENT				

From: Date:	Veh No: 576 4805 1CYr Regn: 200 (1007		
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: Honda Stream c.c 1799.		
at Workshop m/s	Colour Brown . A/C: Insured / Std / NI / NA		
of	Sp.Reading 2/8922 - T/Radio: Insured / Std / NI / NA		
Insured:	Eng/No:		
Policy No.	C/No: R#61048198 .		
Claims No.	Gen. Cond. Good) Fair / Poor / Burnt		
Sum Insured: Excess:	Steering: Morder Dammed / Leaked / Burnt or		
(Client's Record)	Brake: Jammed / Leaked / Burnt or		
Make of Veh:	Modi: Nil / SIRim / STD A/Rim or		
V	Tyre Size: F: 2/5/43 R17.		
(Policy Condition)	R: 215/45R17.		
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 Rear		
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 06 mm R/Bal. 06 mm		
GIA / PR Seen: Consistent? : Yes or No	L/Bal. 06 mm L/Bal. 06 mm		
Est. Repairs: days Res.: Yes or No	D.O.A. D.O.I. 92/05/18		
Lum Sum: % 3 Val.: Yes or No	Survey held at Learn		
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			
TP ALG.			
MV: 37K			
7V: 22.2K			
Nett: 14.8K.			
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	: : Site Insp (\$)s+Rs,si		
	: Interview (\$,) Photos		
Report Format :	: Tech. Invs (\$) Others		
Lump Sum / I.B.I: (\$:Weekend (\$ ·)		