Surveyor:    Surveyor:   Dote	15/5/2010		CC /EQI1801	0156,1	then	LKK: IDAC:	
Pre-assign / CCU / FTE  Insured Vehicle No.  Name of Insured  Insured Tal No.  Excess See II :SS  Is diver the owner?  If NO. Diver Tal No.:  Insured Tal No.  Surveyor.  HP:  Do A : Diver Tal No.:  INSURED WSP.  Tel:  Liability:  Tel:  Liability:  Tel:  Liability:  RMKS:  Date/ Time  Do A : Diver Tal No.:  INSURED WSP.  Tel:  Liability:  Tel:  Liability:  Tel:  Liability:  RMKS:  RMKS:  RMKS:  Date/ Time  Date/ Time  Do A : Diver Tal No.:  INSURED WSP.  Tel:  Liability:  Liability:  RMKS:  RMKS:  RMKS:  Date/ Time  D	INS. CASE OWNER					IDAC.	
Name of Issued   Name		Adva		MENT		1016/18	
Pro-assign / CCU / FTE		Tollyca	DOI:	2 0 08	_		
Insured Vehicle No.					Registered in Mer	imen:	
Name of Insured   Name of Accident   Name of N	Pre-assign / CCU		a-n				
Insured Tel No.   HP:   Make / Model   Place of Accident	Insured Vehicle No	11 4	719 ()	Claim No.	:		
Excess Sec II :SS   Set if :SS   Set if :SS   Set if :ST   Set if :S	Name of Insured			Policy No.	:		
Excess Sec II :SS   Set if :SS   Set if :SS   Set if :ST   Set if :S	2_0	2	LID:	Make / Model	**		
Is driver the owner?   YES / NO   Nature of Accident			- 1.1.1/				
If NO, Driver Ted No.;   (V/L. YES / NO )   Insured Liability:   %   Final 7 Yes / NO				Place of Accid	ent .		
Driver Tel No.:   (V/L.YES/NO)   Insured Liability:   % Final? Yes/No			Nature of Accident :	or are propo	nm 1/20 / 1/0 - 7/	CIA DEPORT: VEC / NO	
INSRS:   WSP:   Tel:   Liability:   RMKS:   WSP:   Tel:   Liability:   RMKS:   WSP:   Tel:   Liability:   RMKS:   RM		a real ratio					
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Date/Time			y:		R-9	Liability:	
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Non-Reporting Itr (1st):   Non-Reporting Itr (	Date/ Time						
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Non-Reporting in Urinals:		100 4394D > "	WILLIAM TO NOT THE	V.1 [ [ [			
Call OE   After call lir to OE   Typist		1600					
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Documentation Check List:   Handler   Typist							
Notification ltr (if non-pickup)							
After call it to Oi:    Authorisation To Act:							
Authorisation To Act:						on-pickup)	
Release Voucher:							
Final Repair Bill:							
Towing Invoice							
LTA / GIA :					Car Rental Invoice:		
Medical Bill:					Towing Invoice		
PIR:							
Mandate/Reject Instruction:   LOD					A-54-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4		
LOD							
Payment Breakdown Form:   Post-Repair Photos:   Others:   Others						istruction:	
Post-Repair Photos:						wn Form:	
NALIZATION   Date/Time;   Confirm with:   Confirm by:	PRELIMINARY ADVICE	Date/Time:	Sent By:				
Paper   Cost:   S\$   (   days   Reduction:   %   Email   Call							
NAL SETTLEMENT         Date/Time:         Confirm with         Email         Cal           nal Liability:         %         (Agreed / Assessed) BOLA S/N No. :         If NO or B 28, Ass. Lia :           spair Cost:         SS         (ays)           ss of Rental (LOR):         SS         (by a days)           ss of Use (LOU):         SS         (cyling x days)           ss of Income (LOI):         SS         (cyling x days)           part of Lourney one         (cyling x d	FINALIZATION	Date/Time:	Confirm with:		Confirm by:		
Al Liability:   %	Repair Cost:			%	E - 11   C - 1		
pair Cost: SS ss of Rental (LOR): S\$ ( days) ss of Use (LOU): S\$ (S x days) ss of Income (LOI): S\$ (S x days)  Re only LOU only LOR + LOU LOR + LO Tick only one]  A/LTA Search SS edical: SS (e.g. Tow/ Independent) 2) Report Format: gal Cost SS (c.g. Tow/ Independent) 2) Report Format: gal Cost SS (c.g. Tow/ Independent) 3) Survey fee:  MAL PAYMENT Date/Time: Confirm with: Email Cal  yee 1: S\$ Name 1: yee 2: (Strike if N.A.) S\$ Name 2:							
SS   Gays	Repair Cost:		nasesseuj BOLA S/IV INO.		11 110 01 B 20, AS	O. LAG.	
SS   S   X   days   SS   S   X   days   SS   S   X   days   SS   S   X   days   SS   S   S   X   days   SS   S   S   S   S   S   S   S   S	Loss of Rental (LOR):		days)				
Company	Loss of Use (LOU):	S\$ (S x days)					
A/LTA Search SS edical: S\$ 1) Claim status; Normal/Reject/Private Settle sbursement: SS (e.g. Tow/ Independent ) 2) Report Format: gal Cost SS 3) Survey fee:  total: S\$ Global Sum S\$:  NAL PAYMENT Date/Time: Confirm with: Email Cal  yee 1: S\$ Name 1: yee 2: (Strike if N.A.) SS Name 2:	Loss of Income (LOI):						
SS     1) Claim status; Normal/Reject/Private Settle			OR + LO [Tick only o	one]			
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gal Cost   S\$   3) Survey fee:			(e.g. Tow/ Independe	ent \		T	
Statal:         S\$         Global Sum S\$:           NAL PAYMENT         Date/Time:         Confirm with:         Email         Call           yee 1:         S\$         Name 1:           yee 2: (Strike if N.A.)         S\$         Name 2:	Legal Cost		(e.g. 10w/ independe	.m. )			
yee 1: S\$ Name 1: yee 2: (Strike if N.A.) S\$ Name 2:	Total:	100.00	Global Sum S\$:				
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	Payee 2: (Strike if N.A.)	(170.6)	U				
	Payee 3: (Strike if N.A.)						

## ASSIGNMENT

From: Date:	Veh No: SLX 9203 D Yr Regn: 2018 / Bpc)
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: Mazda 3 HB c.c 1496.
at Workshop m/s	Colour Red . A/C: Insured / Std / NI / NA
of	Sp.Reading /839 T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:
Policy No.	C/NO: JM6BN24A8J0208415.
Claims No.	Gen. Cond: Good / Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Inerder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inorder / Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil S/Rim / STD A/Rim or
100	Tyre Size: F: 235(45 R17-
(Policy Condition)	R: 335/45/27
Remark: The veh had commenced its	
repair at the time of inspection.	TOYO/YOKO OF Continetal.
Bal. or Market Value:	Front Rear
	R/Bal. OC mm R/Bal. OC mm
ID/10 /100doilt /1port	L/Bal. 06 mm L/Bal. 06 , mm
	- Palaclic
and the second s	
Lum Sum: % 3 Val.: Yes or No	Des. of Damages : Frt / Rear   O/S / N/S / U/C / Rooftop or
CA / REV / REP. / 24 HRS	
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	·
TP EQ.	
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)	Add Fee: Site Insp (\$ ) S+RS_SI
	: Interview (\$ ) Photos
Report Format :	: Tech. Invs (\$ ) Others
Lump Sum / I.B.I: (\$	:Weekend (\$
	TOTAL