15/5/20)10	
INS.	CASE	OWNER:

CC 6 / AIG 180 11164 , Aua3

LKK:	
IDAC:	

				ASSIGNMI	ENT			
	Surveyor:	ADRIAN	DOI	12	-6-18	Date / Time : 12	6-18	
						Registered in Merimen:	20-6	7-18
	Pre-assign / CCU	SEU	7303 Z					
	Insured Vehicle No	. :			Claim No.	:		
AA	Name of Insured	:			Policy No.	:		
N-N	Insured Tel No.	:	HP:		Make / Model	:		
	Excess Sec II :SS		D.O.A: 9-6	-18	Place of Accide			
	Is driver the owner		Nature of Accid					
	If NO, Driver Nan				OI GIA PEPOI	RT: YES / NO ; TP GIA REP	OPT- VES	/ NO
	Driver Tel 1		(V/L: Y	ES/NÖ)	Insured Liabilit		Yes / No	7110
	SLL 464 P)						
	722 404 1	- $ -$				\longrightarrow $-$		
	INSRS: WSP: My Color Tel: Liability: RMKS:	INSRS: WSP: Tel: Liability RMKS:	y:		INSRS: WSP: Tel: Liability: RMKS:	WS Tel Lia		
	Date/ Time							
		SLL 464P, X;	SKN 73	192-X		STAGE	DAT	E / PIC
						Non-Reporting ltr (1st):		
						Non-Reporting ltr (2nd): Non-Reporting ltr (Final):		
	1.0					Notification ltr (if non-pickup):		
	4					Call OI:		
						After call ltr to OI:		
						Documentation Check List:	Handler	Typist
						Notification ltr (if non-pickup)		
						After call ltr to OI: Authorisation To Act:		
						Release Voucher:		
						Final Repair Bill:		
						Car Rental Invoice:		
						Towing Invoice		
	li,					LTA / GIA :		
	1					Medical Bill:		
					185	PIR:		
						Mandate/Reject Instruction:		
						LOD		
						Payment Breakdown Form:		
PRELIM	IINARY ADVICE	Date/Time:	Sent	By:		Post-Repair Photos:		
***** · = -	7 L MY 0	D				Others:		
FINALIZ	SH-000 100 100 100 100 100 100 100 100 100	Date/Time:		rm with:		Confirm by:		
Repair Co	SETTLEMENT	S\$ (days) Redu	ction:	%	Email _	Call	
Final Lial		Date/Time: (Agreed /	Confirm with	CAIN-		Email Call		
Repair Co		S\$	Assessed) BOL	A 5/N No. :		If NO or B 28, Ass. Lia:		
	ental (LOR):	S\$ (days)					
	Ise (LOU):	S\$ (\$ x	days)					
Loss of Ir	ncome (LOI):	S\$ (\$ x	days)					
LOR only	LOU only	LOR + LOU LO	OR + LOI	[Tick only one]				
GIA/LTA	Search	S\$						
Medical:		S\$				1) Claim status: Normal/Reje	ct/Private S	Settle
Disburser		S\$	(e.g. '	Γow/ Independent)		2) Report Format:		AT .
Legal Cos	st	S\$	W 1 1 2			3) Survey fee:		*
Total:	A 3/3 (5) (7)	S\$	Global Sum S\$:		P - 7 C 1		
	PAYMENT	Date/Time:	Confirm with:			Email Call		
Payee 1:		S\$	Name 1:					
	(Strike if N.A.)	S\$	Name 2:		-			
rayce 3:	(Strike if N.A.)	S\$	Name 3:		The state of the s			

ASSI	GN	M	EN	T
2 3470 700 30	-	-	_	

	Veh No: SLL 464? Yr Regn: 2017 / Feb.
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: Meredes Benz c.c 1981
at Workshop m/s	Colour Black A/C: Insured / Std / NI / NA
of	Sp.Reading 14047 · T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:
Policy No.	C/No: WDD21304224096559.
Claims No.	Gen. Cond: Good / Fair / Poor / Burnt
Sum Insured: Excess:	Steering: In rde / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inorder / Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil (S/Rim) STD A/Rim or
	Tyre Size: F: 2 2 5/55 R17.
(Policy Condition)	R: 225/SSRIY.
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. 90 mm L/Bal. mm
Est. Repairs: days Res.: Yes or No	D.O.A. D.O.I. 12/06/18
Lum Sum: % 3 Val.: Yes or No	Survey held at MG Salution -
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 Alq.	
Date/Time, File Pass to? : Preli. Report	Days Of Repair:
: Final Report	Resurvey No. of Trip: Survey Fee:
Date/Time, File Return to?	Transportation:
2) Add Fe	e: : Site Insp (\$)s+Rssi
	: Interview (\$) Photos
Report Format :	: Tech. Invs (\$) Others
Lump Sum / I.B.I: (\$: Weekend (\$
	TOTAL