	15/5/2010		1 40 1	10/	Loch	LKK:	
	INS. CASE OWNER		CC 6 / TP 180	13.17	LYNI	IDAC:	
		Vic	ASSIGNM	ENT		- 11	
	Surveyor:	KIC	DOI:	13	Date / Time :	7/1/13	
	341.0)01.				Registered in Merim	en:	10
	Pre-assign / CCU /	FTE			registered in men		
-				CI ' N			
H	Insured Vehicle No.	. !		Claim No.	:		_
	Name of Insured	:		Policy No.	:		_
No.	Insured Tel No.	5	HP:	Make / Model	:		
	Excess Sec II :S\$		D.O.A: 3-1-13	Place of Accide	5.574mass		
				Trace of Accide			
	Is driver the owner?	(YES / NO)	Nature of Accident :				
	If NO, Driver Nam	V-7-3				GIA REPORT: YES / 1	NO
	Driver Tel No. :		(V/L: YES / NO) Insured Liabi		ity: % Final? Yes/No		
	MC 57951	C				→	
			Paul Lavo				
	INSRS; WSP: VAVIC (INSRS: WSP:		INSRS: WSP:		INSRS: WSP:	
1-1	WSP: WAY	Tel:	1 7	Tel:		Tel:	
R	Liability:	Liabilit	v: Q_0	Liability:		Liability:	
	RMKS:	RMKS:	1/4 -4/1	RMKS:		RMKS:	
	Date/ Time						
	Date/ Time	(a) 1/10 == >1			STAGE	DATE /	PIC
		14021926 - X;			Non-Reporting ltr (1st		110
					Non-Reporting ltr (2nd		
					Non-Reporting ltr (Fir		
					Notification ltr (if non	-pickup):	
					Call OI:		
					After call ltr to OI:		Water Andrews Company
					Documentation Chec	THE RESIDENCE OF THE PARTY OF T	ypist
					Notification ltr (if non	-pickup)	
					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 Instr	ruction:	
					LOD	Γ	
DDELT	IINADY ADVICE	Dota/Time:	Sent By:		Payment Breakdown	rom.	
FRELIN	IINARY ADVICE	Date/ I line.	Sell Dy.	19	Post-Repair Photos: Others:		
FINALIZ	ZATION	Date/Time:	Confirm with:		Confirm by:	CONTRACTOR IN CASE AND ADDRESS OF THE PARTY	
Repair Co		S\$ (days) Reduction:	%		Email Call	
THE RESERVE OF THE PERSON NAMED IN	SETTLEMENT	Date/Time:	Confirm with	/0	Email Call	Smarr Can	
Final Lia			Assessed) BOLA S/N No. :		If NO or B 28, Ass.	I ia :	
Repair Co		S\$	Assessed) BOLA S/IN INC		11 NO 01 B 20, 7133.	Dia.	
	ental (LOR):	S\$ (days)				
	Jse (LOU):	S\$ (\$ x	days)				
	ncome (LOI):	S\$ (\$ x	days)				
LOR only			OR + LOI [Tick only one]				
GIA/LTA		S\$					
Medical:		S\$			1) Claim status: Nor	mal/Reject/Private Set	tle
Disbursement: S\$				2) Report Format:			
Legal Co		S\$, , , , , , , , , , , , , , , , , , , ,		3) Survey fee:		
Total:		SS	Global Sum S\$:				
OR DESIGNATION OF THE PERSON NAMED IN	PAYMENT	Date/Time:	Confirm with:		Email Call		
Payee 1:	The second control of	S\$	Name 1:				
	(Strike if N.A.)	S\$	Name 2:		74		
-	(Strike if N.A.)	SS	Name 3:	1			

ASS	IGNMENT				
From: Date:	Veh No: S/4C 5185 C Yr Regn: 1				
Estimated Cost:	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /				
OD VTP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or				
To inspect Vehicle No:	Make: Toy Crawa c.c 2986				
at Workshop m/s . Tom 1 Cah	Colour white / Mr A/C: Insured / Std / NI / NA				
	Sp.ReadingT/Radio: Insured / Std / NI / NA				
of	5 S Proposition (S Propositio				
nsured:Policy No. 🏃	C/NO: 6 x S12 002025				
4	Eng/No:				
Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or				
	Brake: Inorder / Jammed / Leaked / Burnt for				
(Client's Record) Make of Veh:	Modi: MI S/Rim / STD A/Rim or				
vidne or veri.	Ture Size: F: 195/15115				
(Palicy Condition)	Tyre Size: F: 195/65/215				
(Policy Condition) 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				
	Front Rear				
Bal. or Market Value: Consistent?: Yes or No	R/Bal. nm R/Bal.				
IDAO ACCIDENTA A	L/Bal. / mm L/Bal.				
OIA / I'V OCCII.	D.O.A. 3/1/13 D.O.I.				
2 / Control of the state of the	Survey held at				
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	Des. of Damages: Fit / Rear / O/S / N/S / O/C / Roottop of				
Date: Person Contacted: Vehicle: IN / OUT					
Date / Time Action / Instruction					
Date/Time, File Pass to? Date/Time, File Return to?	Survey Fee: Date:				
1)2)	TOTAL Basic & Add.				
3)4)	LOSS				
5)6)	KIV FOR Others				
Preli. Report:	TOTAL DOTAL				