	15/5/2010 INS. CASE OWNER	75	CC 4, Asm 180	11397, Upa3 LKK: 53760
		4. 60	ASSIGNM	MENT ()
	Surveyor:	Mps	DOI:	Date / Time : Pregistered in Merimen:
	Pre-assign / CCU	FTE	11110	
		561	8410	[8M.00L8]
	Insured Vehicle No	00	- 1	Claim No. :
HH	Name of Insured	: org n	M1	Policy No. : Util 1
	Insured Tel No.	:	HP:	Make/Model: Mit- Lancer 16 M
SE .	Excess Sec II :S\$		D.O.A: 18 18	Place of Accident:
	Is driver the owner	( YES / NO )	Nature of Accident :	
	If NO, Driver Nam			OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
	Driver Tel 1		(V/L: YES / NO )	Insured Liability: % Final? Yes/No
	(7/61) 5331	RF PH	F849D	SUR 438X
	INSRS: WSP: Tel: Liability: RMKS:	INSRS WSP: Tel: Liabilit RMKS	y: \( \)	INSRS: WSP: Tel: Liability: RMKS:  INSRS: WSP: Tel: Liability: RMKS:
	Date/ Time	A 1 - 40 - V	NI- of No. V	
		SMC 438 X. X.	Sh 8400-x	STAGE DATE / PIC
				Non-Reporting ltr (1st): Non-Reporting ltr (2nd):
				Non-Reporting ltr (Final):
				Notification ltr (if non-pickup): 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
				LTA/GIA:
				Medical Bill:
				PIR:
				Mandate/Reject Instruction:
				LOD
PRELIN	IINARY ADVICE	Date/Time	Sent By:	Payment Breakdown Form:  Post-Repair Photos:
T ACLUSION OF	MARKE REVICE	Date Time.	Schi By.	Others:
FINALIZ	ZATION	Date/Time:	Confirm with:	Confirm by:
Repair Co	ost:	S\$ (	days) Reduction:	% Email Call
	ETTLEMENT	Date/Time:	Confirm with	Email Call
Final Lia			Assessed) BOLA S/N No.:	If NO or B 28, Ass. Lia:
Repair Co	ental (LOR):	S\$ S\$	dava	
	Ise (LOU):	S\$ (\$ x	days) days)	
	ncome (LOI):	S\$ (\$ x	days)	
LOR only			OR + LOI [Tick only one]	
GIA/LTA	Search	S\$		
Medical:		S\$	(; m,, v, v,,	Claim status: Normal/Reject/Private Settle     Report Format
Disburse Legal Co		S\$ S\$	(e.g. Tow/ Independent	2) Report Format: 3) Survey fee:
Total:	31.	S\$	Global Sum S\$:	10/00010/1001
	PAYMENT	Date/Time:	Confirm with:	Email Call
Payee 1:		S\$	Name 1:	
	(Strike if N.A.)	S\$	Name 2:	
Pavee 3:	(Strike if N.A.)	S\$	Name 3:	

	REF: ASM (AXA)		
gurrage ,			
	ASS	IGNMENT	17
From:	Date: 35067018	Veh No: SLK 43fx	Yr Regn: ///
Estimated Cost:		Type: M.Car / M.Cycle / Bus / Van / Lo	
OD TP/WS/TP RES/OD RES/E	VA / INV / MV	Truck / Trailer or CA /	
	LK US 8 X	Make: Monde Co	ty 0.0 1497
	ah motur	Colour Ciney	A/C: Insured / Std / NI / NA
	Ubi RU 4	Sp.Reading /95/7	T/Radio: Insured / Std / NI / NA
	F8490	Eng/No:	AC.
Policy No.		C/No: MRHGM	6660HP000387
Claims No.		Gen. Cond: Good / Fair / Poor / Burnt	
Sum Insured:	Excess:	Steering: Inorder / Jammed / Leaked	/ Burnt or
(Client's Record)		Brake: Inorder / Jammed / Leaked	/ Burnt or
	r.Lim	Modi: Nil/I S/Rim / STD A/Rim or	
10-		Tyre Size: F: /f.	5/55-216
(Policy Condition)		R:	
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 inspe		TOYO / YOKO or	
Bal. or Market Value:	17/	Front	Rear
	onsistent? : Yes or No	R/Bal. X mm	R/Bal. P mm
O - O	onsistent? : Yes or No	L/Bal. A mm	L/Bal. P , mm
Est. Repairs: days	Res.: Yes or No	D.O.A. 15/6/18	D.O.I. 25/6/18
Lum Sum: %	3 Val.: Yes or No	Survey held at	
		Des. of Damages : Frt / Rear / O/S	/ N/S / U/C / Rooftop or
CA / REV / REP. / 24 HRS	Vehicle: IN / OUT	Pac	
Date: Person Conta			y Structure affected due to collision.
Date / Time	n (22		. 1/
2145	0413 lyrs.	6 mls. Des Alos re	44 20527
	_		
Date/Time, File Pass to?	eli Depart	Days Of Repair:	
	eli. Report		Survey Fee:
1): Fin: Fin	nal Report	Resurvey No. of Trip:	Transportation:
	Add Fe	ee: Site Insp (\$	)S+RS,SI
2)	Addito	Interview (\$	) Photos
Panart Format		Tech Invs (\$	) Others
Report Format : Lump Sum / I.B.I: (\$		: Weekend (\$	
Lump Jum / hbh. (4			TOTAL

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