15/5/2010		00 3 (OPE1001	1719	Why IDAC:	
INS. CASE OWNER:		CC //QBE1801	/	380000	
Surveyor:	SATHYA	DOI: ASSIGN	MENT (V	Date / Time : V6 (6	(18
				Registered in Merimen:	
Pre-assign / CCU /	FTE	57727			
Insured Vehicle No	. :	91124	Claim No.		
Name of Insured			Policy No.	:	
Insured Tel No.	1	HP: / /	Make / Mode		
Excess Sec II :SS	-	D.O.A: W 6 18	Place of Accid		
Is driver the owner	(YES / NO)	Nature of Accident :			
		Timale of Freedom -	OLGIA REPO	ORT: YES / NO ; TP GIA REPORT:	YES / NO
If NO, Driver Name / Age : Driver Tel No. :		(V/L: YES / NO)		Insured Liability: % Final? Yes/No	
SHB 5465	<u> </u>				
INSRS: WSP: Tel: Liability: RMKS:	INSRS WSP: Tel: Liabili RMKS	ıy:	INSRS: WSP: Tel: Liability: RMKS:	INSRS: WSP: Tel: Liability RMKS:	
Date/ Time	SHB44650-4			STAGE	DATE/PIC
PRELIMINARY ADVICE		Sent By:		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: Handle 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 Payment Breakdown Form: Post-Repair Photos:	er Typist
		es es 1.1		Others:	
FINALIZATION Repair Cost:	Date/Time: S\$ (Confirm with: days) Reduction:	%	Confirm by:	all
FINAL SETTLEMENT	Date/Time:	Confirm with		Email Cal	
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				
LOR only LOU only		LOR + LO [Tick only o	ne]		
GIA/LTA Search	S\$	(and only o			
Medical:	S\$			1) Claim status: Normal/Reject/Pr	ivate Settle
Disbursement:	SS	(e.g. Tow/ Independe	nt)	2) Report Format:	
Legal Cost	S\$			3) Survey fee:	
Total:	S\$	Global Sum S\$:		p n n	
FINAL PAYMENT	Date/Time:	Confirm with:		Email Cal	
Payee 1:	SS	Name 1:			
Payee 2: (Strike if N.A.)	S\$	Name 2:			
Payee 3: (Strike if N.A.)	S\$	Name 3:			

ASSIGNMENT

From: Date:		Veh No: SHB 5465 D Yr Regn: NOV , 2017				
Estimated Cost:		Type: M.Car / M.Cycle / Bus / Var	/ Lorry / (axi) Prime Mover /			
OD / TP / WS / TP RES / OD RES / EVA / INV / MV		Truck / Trailer or				
To Inspect Vehicle No:		Make: Toyota Prius 4	c.c 1198			
at Workshop m/s			A/C: Insured / Std / NI / NA			
of		Sp.Reading 54624 T/Radio: Insured / Std / NI / NA Eng/No: 27RS 109599				
Insured:						
Policy No.		C/No: JTDKB3FU	603575605			
Claims No.		Gen. Cond: God / Fair / Poor / B	Burnt			
Sum Insured: Excess:		Steering: Inorder / Jammed / Lea	ked / Burnt or			
(Client's Record)		Brake: Morder / Jammed / Leaked / Burnt or				
Make of Veh:		Modi: Nil S/Rim / STD A/Rim or				
		Tyre Size: F: 195/65	RIS (Falken)			
(Policy Condition)		R: 195/65	RIS (Falken) FRIS (Yokohama)			
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	alten/ Yoko			
Bal. or Market Value:		Front	Rear			
IDAC Accident Rport: - Consistent? : Yes	s or No	R/Bal. 6 mm	R/Bal. 6 mm			
GIA / PR Seen: Consistent? : Yes		L/Bal. 6 mm	L/Bal. C mm			
Est. Repairs: days Res.: Yes	or No	D.O.A. 24/6/2018	D.O.I. 26/6/2018			
Lum Sum: % 3 Val.: Yes	or No		mrt			
04 / 85/ / 858 / 24/86		Des. of Damages: Frt / Rear / O/S / N/B / U/C / Rooftop or				
CA / REV / REP. / 24 HRS	Vehicle: IN / OUT					
Date: Person Contacted:		The U/C / Chassis frame /	Body Structure affected due to collision.			
Date / Time Action / Instruction	XII.	. 7	a classical NAS			
			4x/06/18/7106			
			QBE			
			QUU			
			- SJT 5772 Z			
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 F		: Site Insp (\$)S+RS,SI			
		: Interview (\$) Photos			
Report Format :		: Tech. Invs (\$) Others			
Lump Sum / I.B.I: (\$)	: Weekend*(\$				
			TOTAL			