15/5/2010		CC 6/111180 176	41,6	was	IDAC:	
INS. CASE DWINER		CC = / 111 160 C			Dr.C.	
	KSL	ASSIGNM	ENT		10/2/4	
Surveyor:	400	DOI:	118	Date / Time :	1.1	21.0
				Registered in Merin	nen:	4118
Pre-assign / CCU	FTE	89532				
Insured Vehicle No	3/10	34736	Claim No.	:		
Name of Insured			Policy No.			
R_U		Vita				
Insured Tel No.	2	HP: (~12122)	Make / Model	:		_
Excess Sec II :SS		D.O.A: 5/7/2018	Place of Accide	ent:		
Is driver the owner?	? ( YES / NO )	Nature of Accident :				
If NO, Driver Nan	ne / Age :		OI GIA REPOI	RT: YES / NO ; TP (	GIA REPORT: YES	/NO
Driver Tel 1	No. :	(V/L: YES / NO)	Insured Liabilit	y: %	Final? Yes/No	
065010	1 p					
561818	<u>0</u> <i>y</i>		3		<b>—</b>	
INSRS:	INSRS:		INSRS:	-	INSRS:	
WSP: Alan	NSP:		WSP:		WSP:	
Tel: Liability:	Tel:	HH	Tel:	HH	Tel: Liability:	
RMKS:	Liability RMKS:	1/4 -1/1	Liability : RMKS:		RMKS:	
	KIVIKS.		RIVIRIS.		IGVIKS.	
Date/ Time	01-11			om i om	D	n i nvo
	S 61898 P-CCA	1A(m 1878286 1606)	: DVA-2/19	STAGE Non-Reporting ltr (1s		E / PIC
	111		2 11 -	Non-Reporting ltr (2n		
	- CC6 ASA 12:00 1727 UVF392:069:26 (1)			Non-Reporting ltr (Final):		
	SH 0 80531 -	X		Notification ltr (if nor	1-pickup):	
	011 010/0			Call OI: After call ltr to OI:		
				Documentation Che	ek List: Handler	Typist
08/05/2020	Pls refer to Views for details.			Notification ltr (if non-pickup)		
00/03/2020	1 13 Telef to views	o ioi ucialio.		After call ltr to OI:	Г-ріскир)	
				Authorisation To Act:		
	*No repair done	)		Release Voucher:		
	*Submit WP report to III			Final Repair Bill:		
				Car Rental Invoice:		
				Towing Invoice		
				LTA / GIA :		
				Medical Bill:		
				PIR:		
				Mandate/Reject Inst	ruction:	
				LOD	- F	
PRELIMINARY ADVICE	Date/Time:	Cont Day		Payment Breakdown		
ALLIMINAKI ADVICE	Date I line.	Sent By:		Post-Repair Photos: Others:		
FINALIZATION	Date/Time:	Confirm with:		Confirm by:		
Repair Cost:	S\$ (	days) Reduction:	%		Email Call	
FINAL SETTLEMENT	Date/Time:	Confirm with	7.0	Email Call	- Cuit	
Final Liability:	1000	Assessed) BOLA S/N No. :		If NO or B 28, Ass.	Lia:	
Repair Cost:	S\$			20, 200		
Loss of Rental (LOR):	S\$ ( days)					
Loss of Use (LOU):	S\$ (\$ x days)					
Loss of Income (LOI):	S\$ (\$ x days)					
LOR only LOU only	LOR + LOU LO	OR + LOI [Tick only one]				
GIA/LTA Search	S\$				The factor of th	1476
Medical:	S\$			Claim status: Nemal/Reject/Points Settle WP		
Disbursement:	S\$ (e.g. Tow/ Independent )			2) Report Format: TP		
Legal Cost	S\$	Clabal Com Co.		3) Survey fee:	\$250.00	
Total:	S\$	Global Sum S\$:		Parall Carl		
FINAL PAYMENT	Date/Time:	Confirm with:		Email Call		
Payee 1:	S\$	Name 1:				
Payee 2: (Strike if N.A.)	S\$	Name 2:				
Payee 3: (Strike if N A )	22	Name 3:				

ASS. REC. BY:	
Kenneth	10070
Emm	ASSIGNMENT
Estimated Cost:	Veh No: SG1 8686D Yr Regn: 09, 16
OD TP/WS/TP RES/OD RES/EVA/INV/MV	
To Inspect Vehicle No:	Truck / Trailer or
	Make: Toy Wish c.c 17-88
of	Colour M. Gray AC: Insured / Std / NI / NA
Insured:	Sp.Reading 38379 T/Radio: Insured / Std / NI / NA
Policy No.	Eng/No:
Claims No.	Gen Cond TTO GG 20WOO JOO 5039
Sum Incured:	Och. Cond. 800d / Fair / Poor / Burnt
(Client's Record)	Steering: Inerder / Jammed / Leaked / Burnt or
Make of Veh:	Brake: Ingreder / Jammed / Leaked / Burnt or
	Modi: NII / S/RIm / STD A/Rim or
(Policy Condition)	Tyre Size: F: 195/65R 15
Remark: The yeh had commenced to	R:
repair at the time of inspection.	BS / DUN / EXNOVA / GY / FS / LIZA /MIC / OHTSU / PIR / SUMI /
Bal. or Market Value:	TOYO/YOKO or
10.44	Fron! Rear
ON NO	R/Bal. 9 mm R/Bal. 9
Est D	L/Bal. P mm L/Bal. P
Lund	D.O.A. 5/7/11 D.O.I. /2/7/10
3 Val.: Yes or No	Survey held at
CA / REV / REP. / 24 HRS	Des. of Damages : Frt   Rear I O/S / N/S / U/C / Rooftop or
Date:Person Contacted: Vehicle: IN / OU	
Date / Time   Action / Instruction	The U/C / Chassis frame / Body Structure affected due to collision.
11/7/5h pass to Cotherne	
Submit P/P \$768.93 (Red \$ 2,61	18.22 // 77%) - excluded check items \$1,647.93
Date/Time, File Pass to? : Prell. Report	Days Of Repair:
: Final Report	Resurvey No. of T-1
Data/Time, File Return to?	
Add Fee:	: Site Insp (\$
	Interview (\$
Report Format :	Tech lave (\$
Lump Sum / I.B.I: (S	Tech Invs (\$ ) Others
	Weekend (\$
	TOTAL