15/5/2010		CC 4/FWD1801	2951,	Paby LKK:		
INS. CASE OWNER			/ (1/			
	Adrian	ASSIGN	MENT	16/2	1/18	
Surveyor:	11 004 11 11	DOI:	19 (00	Date / Time :	XITIV	
Pre-assign / CCU	/FTE	01.56		Registered in Merimen:	2) (1/68	
	FBL	42013P	Claim No.			
Insured Vehicle No	. :	:				
Name of Insured	:	:				
Insured Tel No.	1	HP:	Make / Model	:		
Excess Sec II :S\$		D.O.A:	Place of Accid	lent :		
Is driver the owner	(YES / NO)	Nature of Accident :				
If NO, Driver Nan	ne / Age :		OI GIA REPO	ORT: YES / NO ; TP GIA REPO	ORT: YES / NO	
Driver Tel No.: (V/L: YES / NO.) Insured Liability: % Final? Yes / No						
SLR 470	ъи					
101- (10						
INSRS:	INSRS	S: 🔘	INSRS: WSP:	INS WS	RS:	
WSP: W-	WSP:	1-4	Tel:	A Tel		
Liability:	Liabili	ty:	Liability:	[\# -W]	bility:	
RMKS:	RMK:	S:	RMKS:	RM	KS:	
Date/ Time						
	Gle UNDm -x	PEIL AV MP	4	STAGE Non-Reporting ltr (1st):	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: H	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		
				Payment Breakdown Form:		
PRELIMINARY ADVICE	Date/Time:	Sent By:		Post-Repair Photos:		
	D	C - C id-		Others:		
FINALIZATION Description	Date/Time:	Confirm with:	%	Confirm by:	Call	
Repair Cost:	S\$ (days) Reduction:	70	Email Cal		
FINAL SETTLEMENT	Date/Time:	Confirm with		If NO or B 28. Ass. Lia:		
Final Liability: Repair Cost:	% (Agreed S\$	/ Assessed) BOLA S/N No. :		II NO OI D 20, ASS. LIA :		
Loss of Rental (LOR):	S\$ (days)				
Loss of Use (LOU):		days)				
Loss of Income (LOI):		days)				
LOR only LOU only		LOR + LO [Tick only o	nel			
GIA/LTA Search	S\$					
Medical:	S\$			1) Claim status: Normal/Reje	ect/Private Settle	
Disbursement:	S\$	(e.g. Tow/ Independen	nt)	2) Report Format:		
Legal Cost	S\$	(o.g. 10m macpender		3) Survey fee:		
Total:	S\$	Global Sum S\$:				
FINAL PAYMENT	Date/Time:	Confirm with:		Email Cal		
	S\$	Name 1:				
Payee 1:	S\$	Name 2:				
Payee 2: (Strike if N.A.)	S\$ S\$	Name 2: Name 3:				
Payee 3: (Strike if N.A.)	υφ	rune J.				

ASS. REC. BY: Adrian Liny				
ASSI	GNMENT			
From: Date:	Veh No: SLR42634 Yr Regn: 2017 / Anyi			
Estimated Cost:	Type M.Cay / 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: Horder Vezel c.c 1496			
at Workshop m/s	Colour Silves A/C: Insured / Std / NI / NA			
of	Sp.Reading 88720 T/Radio: Insured / Std / NI / NA			
Insured:	Eng/No:			
	C/No: Ru31254307 .			
Policy No.	Gen. Cond: Good) Fair / Poor / Burnt			
Claims No.	Steering: Morder Jammed / Leaked / Burnt or			
Sum Insured: Excess:	Brake: prorder Jammed / Leaked / Burnt or			
(Client's Record)	Modi: Nil /S/Rim / STD A/Rim or			
Make of Veh:				
	Tyre Size: F: 215/60R16- R: 215/60R16-			
(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			
Bal. or Market Value:	Front			
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. of mm R/Bal. Of mm			
GIA / PR Seen: Consistent? : Yes or No				
Est. Repairs: days Res.: Yes or No	D.O.A. D.O.I. 16/01/18.			
Lum Sum: % 3 Val.: Yes or No	Survey held at N5(.			
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / O/S N/S / U/C / Rooftop or			
Vehicle: IN / OUT	CI.			
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.			
Date / Time Action / Instruction	•			
TP FWD.				
	Days Of Repair:			
	Resurvey No. of Trip: Survey Fee:			
Date/Time, File Return to?	Transportation:			
2) Add Fee	Constant Con			
	: Interview (\$) Photos			
Report Format :	: Tech. Invs (\$) Others			
Lump Sum / I.B.I: (\$:Weekend (\$)			

TOTAL