15/5/2010		CC 6/CTI1801	るろろて	M B LKK: IDAC:	
INS. CASE OWNE	warms.	ASSIGN	MENT/	Vn	17/18
Surveyor:	100000	DOI: Yh	7 (00	Date / Time :	
Pre-assign / CCU	/FTE			Registered in Merimen:	
	SUE 37	t9P.	Claire No		
Insured Vehicle N	0. :		Claim No.		
Name of Insured			Policy No.	·	
Insured Tel No.	a	HP:	Make / Model	:	
Excess Sec II :S\$		D.O.A: N716	Place of Accide	ent :	
Is driver the owne	r? (YES / NO)	Nature of Accident :			
If NO, Driver Na	me / Age :		OI GIA REPO	RT: YES / NO ; TP GIA REPO	ORT: YES / NO
Driver Tel	No.:	(V/L: YES / NO)	Insured Liabilit	y: % Final? Y	'es / No
57 U 781	WE 3				
0					
INSRS: WSP:	WSP:	S:	INSRS: WSP:	INS	
H Tel: TN	Tel:	A-A	Tel:	Tel:	
Liability:	Liabili	1/4-7/1	Liability:	IV# -WI	oility:
RMKS:	RMKS	S: V=V	RMKS:	RMI	V2:
Date/ Time	M. SCIME O			lom/ an	DATE (DIG
	3 m 18 me	Well and 62 (40) (2289) (a)	A BALL NO	STAGE Non-Reporting ltr (1st):	DATE / PIC
	915 3790 S	1		Non-Reporting ltr (2nd):	
	1			Non-Reporting ltr (Final):	
				Notification ltr (if non-pickup): Call OI:	
				After call ltr to OI:	
				Documentation Check List: H	andler 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/Γime:	Sent By:		Post-Repair Photos:	
EVEL I VIZ LIEVON	P2 690			Others:	
FINALIZATION Repair Cost:	Date/Time: S\$ (Confirm with:	%	Confirm by:	Call
FINAL SETTLEMENT	Date/Time:	days) Reduction: Confirm with	70	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):	S\$ (S x				
Loss of Income (LOI):	S\$ (\$ x		-1		
LOR only LOU only GIA/LTA Search	LOR + LOU I	LOR + LO [Tick only on	ej		
Medical:	SS			1) Claim status: Normal/Rejec	rt/Private Settle
Disbursement:	SS	(e.g. Tow/ Independent)	2) Report Format;	DE HYMO DOUG
Legal Cost	S\$	macpendum		3) Survey fee:	
Total:	S\$	Global Sum S\$:			
FINAL PAYMENT	Date/Time:	Confirm with:		Email Cal	
Payee 1:	S\$	Name 1:			
Payee 2: (Strike if N.A.)	SS	Name 2:			
Payee 3: (Strike if N.A.)	S\$	Name 3:			

08/11/13) wef ASS. REC. BY: MC C. L. S	REF:	C71/	* /
rom: stimated Cost: DTP WS / TP RES / OD RES o Inspect Vehicle No: t Workshop m/s f nsured: claims No. Sum Insured: (Client's Record)	Date: STU 78 SLE 379 Excess:	Type M.Carl M.Cycle / E Truck / Trailer or Make: - // 0 / Colour 3 / o Sp.Reading Eng/No: C/No: J Gen. Cond Good / Fair / Steering: Inorder / Jamm Brake: Inorder / Jamm	A/C: Insured / Std / NI / NA T/Radio: Insured / Std / NI / NA T/Radio: Insured / Std / NI / NA T/Radio: Insured / Std / NI / NA T/P D 26 40 9 5 2 200 9 7 7 Poor / Burnt med / Leaked / Burnt or med / Leaked / Burnt or
Make of Veh: (Policy Condition) Remark: The veh had commence repair at the time of instance of the second	Consistent?: Yes or N Consistent?: Yes or N Yes Res.: Yes or N 3 Val.: Yes or N Veh Ontacted:	TOYO / OKO or Front R/Bal. L/Bal. D.O.A. 21/7/L Survey held at Des. of Damages: Frt / The U/C / Chassis	STD A/Rim or 20 (
Date/Time, File Pass to?	1 4 10 1	Days Of Repair: Resurvey No. of Trip Add Fee: : Site Insp (\$	Transportation:)S + RS,SI
Report Format : Lump Sum / I.B.I: (\$)	: Interview (\$: Tech. Invs (\$: Weekend (\$) Others