K = A T				.0.	
15/5/2010		1 2.5	C1 1	J. LIK	KK:
INS. CASE OWNER	R·	CC 6/1111801 h	now, A	Kilah	AC:
IND. CASE OWNER	<u> </u>				AC.
	Advin	ASSIGN	LENT (101 1 1 X
Surveyor:	- Parriagh	DOI:	14/18	Date / Time :	001100
				Registered in Merimer	1: VY 7/18
Pre-assign / CCU	^				, — ()
Insured Vehicle N	GBE	60026	G1	mc2018~	6Y4
***	0		Claim No.		, (
Name of Insured	GIN JIN IN	isniption k Endin	Policy No.	· Mya	5787
Insured Tel No.	:	HP: / /	Make / Model	: Toyo	CA
Excess Sec II :S\$		0.42		7014 (. 0
		D.O.A: (V) 1	Place of Accide	ent:	1111
Is driver the owner					
If NO, Driver Na	ume / Age : 7 m LOW MWEE OI GIA REPORT: VES / NO				
Driver Tel	No. :	(V/L: XES/NO)	Insured Liability		nal? Yes/No
(KT 220)	~14				
१६९ ३२०।	y \				
INSRS:	INSRS		INSRS:	4	INSRS:
WSP:	WSP:		WSP:		WSP:
Tel: WM	Tel:	1-1	Tel:	11-4	Tel:
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Date/ Time	1	1 ,	. 1	/	
8 0	SET MOSU - US	MW A 18617751 19503	204:20 7	STAGE	DATE/PIC
VX 1/18	1,1	Nov II (I) Street Street		Non-Reporting ltr (1st):	2.1.2.1.0
11/3/10	486 porx - X	1		Non-Reporting ltr (2nd):	
200				Non-Reporting ltr (Final)	
- (XAX) .				Notification ltr (if non-pictall OI:	ckup):
				After call ltr to OI:	*-
				Documentation Check l	List: Handler Typist
				Notification ltr (if non-pi	
				After call ltr to OI:	(ckup)
				Authorisation To Act:	
				Release Voucher:	
				Final Repair Bill:	
				Car Rental Invoice:	
				Towing Invoice	
		2		LTA / GIA :	
				Medical Bill:	
*				PIR:	
				Mandate/Reject Instru	ction:
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	**TP PASS LAWYER		42.4.4.40.40.40.40.40.40.40.40.40.40.40.40	Payment Breakdown I	Form:
PRELIMINARY ADVICE	Date/Time:	Sent By:	4	Post-Repair Photos:	
				Others:	
FINALIZATION	Date/Time:	Confirm with:		Confirm by: LWP	
Repair Cost: L/S		NAME AND ADDRESS OF THE OWNER, WHEN PERSON ADDRESS OF THE OWNER, WHEN PERSON AND ADDRESS OF THE OWNER, WHEN	54 %		nailCall
FINAL SETTLEMENT	Date/Time: 07.01.21	Confirm with	200	Email Cal	
Final Liability:		Assessed) BOLA S/N No. :	28\$	If NO or R 28, Ass. L	ia:
Repair Cost:	S\$		3 OTHER PARTY	HII TP	
Loss of Rental (LOR):	S\$ (days)			
Loss of Use (LOU):	S\$ (\$ x				
Loss of Income (LOI):	S\$ (\$ x y LOR + LOU	days) LOR + LO Tick only or	nel		
LOR only LOU only	S\$	LON T LOL THEK ONLY OF	icj .		
GIA/LTA Search Medical:	S\$			1) Claim status: Norm	ial/ Rejecut rivate Settie
Disbursement:	SS (e.g. Tow/ Independent)			2) Report Format: TP/WP	
Legal Cost	S\$	(v.g. 10.17 independen	•		6450
Total:	S\$	Global Sum S\$:			
FINAL PAYMENT	Date/Time:	Confirm with:		Email Cal	
Payee 1:	S\$	Name 1:	-		
Payee 2: (Strike if N.A.)	S\$	Name 2:			
Payee 3: (Strike if N.A.)	\$\$	Name 3:	- s*	\$	
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