15/5/2010 INS. CASE OWNER:		cc 6	Lef 180 \	3550, R	Wa3	LKK: IDAC:	
	cup	v	ASSIGNME	ENT		, ,	1.
Surveyor:	0.01	DC	DI:	718	Date / Time :	M	8.18
					Registered in N	Merimen:	25/2/18
Pre-assign / CCU /	FTE CIV	12W					
Insured Vehicle No.	OVP	671		Claim No.			
Name of Insured				Policy No.			
Insured Tel No.		LID:					
		HP:	7111	Make / Model	;		
Excess Sec II :S\$		D.O.A: _//	1) 18	Place of Accide	nt :		
Is driver the owner?	(YES / NO)	Nature of Acc	eident :				
If NO, Driver Nam	ne / Age :			OI GIA REPOR	T: YES / NO ;	TP GIA REPORT:	YES / NO
Driver Tel No. : (V/L: YES			YES/NO)	Insured Liability: % Final? Yes / No			
(LA 9750	L						
INSRS: WSP: Tel: Liability: RMKS:	INSRS: WSP: Tel: Liability RMKS:	/:		INSRS: WSP: Tel: Liability: RMKS:		INSRS: WSP: Tel: Liability: RMKS:	
Date/ Time							
	SAPPOLX:	011	427/LX		STAGE		DATE / PIC
	2911 30 2 7	261	01-1		Non-Reporting l Non-Reporting l		
					Non-Reporting I		
					Notification ltr (	if non-pickup):	
					Call OI:	OT.	
					After call ltr to (	Check List: Handle	r Typist
					Notification ltr (		Typist
					After call ltr to (		
					Authorisation To	o-Act;	
					Release Voucher		
					Final Repair Bill		
					Car Rental Invoi	ce:	
					Towing Invoice LTA / GIA :		
	•				Medical Bill:		
					PIR:		
					Mandate/Rejec	t Instruction:	
					LOD		
					Payment Break		
PRELIMINARY ADVICE	Date/Time:	Ser	it By:		Post-Repair Ph	otos:	
FINALIZATION	Date/Time:	Con	nfirm with:		Others:		
	S\$ (	days) Red		%	Confirm by:	Email Ca	11 -
		Confirm with	nuction.	70	Email (	Call	1
		Assessed) BO	LA S/N No. :		If NO or B 28,		
	S\$						
	S\$ (	days)					
	S\$ (\$ x	days)					
Loss of Income (LOI):	S\$ (\$ x	days)					
LOR only LOU only GIA/LTA Search	LOR + LOU LO	OR + LOI	[Tick only one]				
Medical:	S\$				1) Claim status	: Normal/Reject/Priv	ate Settle
Disbursement:					2) Report Format:		
Legal Cost	S\$	(-1)			3) Survey fee:		
Total:	SS	Global Sum			- particular -		
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.)	S\$	Name 3:					

d	ASSIGNMENT
Date	Veh No: SLA 9750L Yr Regn: 2016, March
From: Date:	Type M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Estimated Cost:	Truck / Trailer or
OD / TP / WS / TP RES / OD RES / EVA / INV / MV	Make: Horder Vezel. c.c 1496
To Inspect Vehicle No:	Colour While A/C: Insured/Std/NI/NA
at Workshop m/s	
of	John Coloning Jo ( )
Insured:	Eng/No: RUIII 13906 .
Policy No.	
Claims No.	Gen. Cond: Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Jammed / Leaked / Burnt or
(Client's Record)	Brake: horder Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil S/Rim STD A/Rim or
	Tyre Size: F: 215/60 R/6.
(Policy Condition)	R: 215/60R16.
Remark: The veh had commenced its N/S	O/S BS JOUN EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO/YOKO or
Bal. or Market Value:	Front Rear
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 06 mm
GIA / PR Seen: Consistent?: Yes or No	L/Bal. Q6 mm L/Bal. Q6 mm
Est. Repairs: days Res.: Yes or No	D.O.A. D.O.I. 24/07/18.
Lum Sum: % 3 Val.: Yes or No	Survey held at Hua Meny
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / O/S / N/S / Utc / Rooftop or
Vehicle: IN Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time   Action / Instruction	
TP ALG.	
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) Ad	d Fee: Site Insp (\$ ) _S+RSSI
	: Interview (\$ ) Photos
Report Format :	: Tech. Invs (\$ ) Others
Lump Sum / I.B.I: (\$	: Weekend (\$