15/5/2010 INS. CASE OWNER	le	CC 4, ASM 180	13692, (1 Qa3 LKK: 59959
	Clu	ASSIGNM DOI: 31	12/24/	812/2/20
Surveyor:			1 / 1	/ Time :stered in Merimen:
Pre-assign / CCU	()	P 8080H	Claim No. :	S&MOVPUA 64
Name of Insured		13.		
U U	,		Policy No. :	
Insured Tel No.	•	HP: 7/V X/Q	Make / Model :	
Excess Sec II :S\$ Is driver the owner	2 (VES / NO.)	D.O.A: 041318	Place of Accident:	
		Nature of Accident :		
	If NO, Driver Name / Age : Driver Tel No. : (V/L: YES / NO)			ES / NO; TP GIA REPORT: YES / NO % Final? Yes / No
SPRSM	SPR37488 -> SPR5010H ->			
INSRS: WSP: Tel: Liability: RMKS:	INSRS WSP: Tel: Liabiliti RMKS	y: 0	INSRS: WSP: Jan W Tel: Liability: Tp	INSRS: WSP: Tel: Liability: RMKS:
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	8736M-434 A	W 42164181 Ga3W) ONA WALLSTAN	
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			Notifi Call C	ication ltr (if non-pickup):
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			NAME OF TAXABLE PARTY.	mentation Check List: Handler Typist
			Notifi	ication ltr (if non-pickup)
		8		call ltr to OI:
				prisation To Act:
			The state of the s	se Voucher: Repair Bill:
				ental Invoice:
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PRELIMINARY ADVICE	Date/Time:	Sent By:	THE RESERVE OF THE PERSON NAMED IN COLUMN 1	nent Breakdown Form:
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Total:	SS	Global Sum SS:		
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Payee 2: (Strike if N.A.)	S\$	Name 2:	5	
Payee 3: (Strike if N.A.)	S\$	Name 3:		

(98/11/13) wef				
ASS REC. BY: MOVELS	REF:	AXA EAN		
1	ASS	SIGNMENT		
From.	Date:	1	/_ Yr Regn: / \ //	
Estimated Cost:		Type: Mear+M.Cycle / Bus / Van	Yr Regni	
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To Inspect Vehicle No:	SFL36M		1/6- 1000	
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of	191 pm	Sp.Reading /) V. V. 20	A/C: Insured / Std / NI / NA	
Insured:		Eng/No:	T/Radio: Insured / Std / NI / NA	
Policy No.			1/0. 5 . 15//00	
Claims No.		Gen. Cond: Good / Fair / Poor / But	48×Bic 1051622	
Sum Insured:	Excess:			
(Client's Record)		Steering: Inorder Jammed / Leaked / Burnt or Brake: Inorder Jammed / Leaked / Burnt or		
Make of Veh:		Modi: Nii (S/Rim + STD A/Rim or		
-			Or	
(Policy Condition)		Tyre Size: F: R: 23	cetilor a	
Remark: The veh had commend	ced its N/S O/S			
repair at the time of in	spection.	BS / DUN / EXNOVA / GY / FS / LIZ/ TOYO / YOKO or	A/MIC/OHTSU/PIR/SUMI/	
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CA / REV / REP. / 24 HR	RS	Des. of Damages : Frt / Rear / O/S	/ N/S / U/C / Rooftop or	
Date: Person Co		The U/C / Chassis frame / Bod	y Structure affected due to collision.	
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2)	Add Fee:	OH-1	Transportation:	
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1.	/	: Weekend (\$)	

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