15/5/2010		CC V/AIG1801	2965	Aebh ILKK		
INS. CASE OWNER	t:	CC */AIG1801	11 09/	IDAC:		
Surveyor:	Advan	DOI: ASSIGNA	S (Date / Time :	118	
Pre-assign / CCU		1020			,	
Insured Vehicle No	o. : SIL 70	18 18.	Claim No.	:		
Name of Insured			Policy No.	:		
2_9		IID.	Make / Model			
Insured Tel No.	Insured Tel No. : HP: Make / Moo Excess Sec II :SS D.O.A: 77 T18 Place of Ac					
			Place of Accide	ent .		
Is driver the owner						
	NO, Driver Name / Age : OI GIA REPO Driver Tel No. : (V/L: YES / NO) Insured Liabili					
51C 6075	<u> </u>			\longrightarrow $$		
INSRS: WSP: Tel: Liability: RMKS: RMKS: INSRS: WSP: Tel: Liability: RMKS: RMKS:						
Date/ Time	0					
	SU 60 75-4	MY18+19-	*	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: Hand	ler 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:		
				Others:		
FINALIZATION	Date/Time:	Confirm with:		Confirm by:		
Repair Cost:	S\$ (days) Reduction:	%		Call	
FINAL SETTLEMENT	Date/Time:	Confirm with		Email Cal		
Final Liability: Repair Cost:	% (Agreed / S\$	Assessed) BOLA S/N No. :		If NO or B 28, Ass. Lia:		
Loss of Rental (LOR):	S\$ (days)				
Loss of Use (LOU):	S\$ (\$ x					
Loss of Income (LOI):	SS (S x					
LOR only LOU only		OR + LO [Tick only on	e]			
GIA/LTA Search	S\$					
Medical:		S\$			Claim status: Normal/Reject/Private Settle	
Disbursement:	S\$ S\$	(e.g. Tow/ Independent)	Report Format: Survey fee:		
Legal Cost Total:	S\$	Global Sum S\$:		3) Survey fee:		
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.)	SS	Name 3:				

REF:

13965 (0 / 63

0	ASSIGNMENT				
France	Veh No: SLC	6075, Yr Regn: 2016 / April			
From: Date: Estimated Cost:		Bus / Van / Lorry / Taxi / Prime Mover /			
	Truck / Trailer or				
OD / TP / WS / TP RES / OD RES / EVA / INV / MV		Forte K3 c.c 1591			
To Inspect Vehicle No:	Colour Silver				
at Workshop m/s	Sp.Reading 317				
of	Eng/No:	01			
Insured:	C/No: KN	AFX411 M 65596347.			
Policy No.	0/110.	Gen. Cond: Cood / Fair / Poor / Burnt			
Claims No.		Steering: Inorger / Jammed / Leaked / Burnt or			
Sum Insured: Excess:		med / Leaked / Burnt or			
(Client's Record)		STD A/Rim or			
Make of Veh:		205/5546.			
		205/55A6.			
(Policy Condition) Remark: The yeb had commenced its	R:				
Remark: The veh had commenced its repair at the time of inspection.	TOYO / YOKO or	GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /			
		Nexen.			
Bal. or Market Value:	Front	Rear R/Bal. 06 mm			
IDAC Accident Rport: Consistent? : Yes or No	/	L/Bal Ob			
GIA / PR Seen: Consistent?: Yes or No		mm L/Ddi.			
Est. Repairs: days Res.: Yes or N		D.O.I. 07/38/18			
Lum Sum: % 3 Val.: Yes or N	-	Jack Cer.			
CA / REV / REP. / 24 HRS		Rear O/S N/S U/C Rooftop or			
Date: Person Contacted:	le: IN / OUT	frame / Body Structure affected due to collision.			
Date / Time Action / Instruction TP ALL.					
Date/Time, File Pass to? : Preli. Report Date/Time, File Return to?	Days Of Repair: Resurvey No. of Trip	Survey Fee: Transportation:			
	Add Fee: : Site Insp (\$) S+RS, SI			
2)	: Interview (\$) Photos			
Report Format :	: Tech. Invs (\$) Others			
Lump Sum / LB.I: (\$: Weekend (\$				
)	. Weekend (4	TOTAL			