15/5/2010	CC 6/AIG1801	6915 TIWAH LIKK:
INS. CASE OWNER:	CC */AIG1801	IDAC:
Surveyor:	Tawlish. DOI: ASSIGNA	
Pre-assign / CCU	/ FTE	Registered in Merimen:
Insured Vehicle No	YL 7765X	Claim No. :
	•	
Name of Insured	:	Policy No. :
Insured Tel No.	:HP:H	Make / Model :
Excess Sec II :S\$	D.O.A: 10 18 18	Place of Accident :
Is driver the owner	? (YES / NO ) Nature of Accident :	
If NO. Driver Nan	ne / Age :	OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
Driver Tel I		Insured Liability: % Final? Yes / No
SLH 948	<u> </u>	
INSRS: WSP:	INSRS: WSP:	INSRS: INSRS: WSP: WSP:
A Tel: Duy	WSP: Tel:	Tel: Tel:
Liability:	Liability:	Liability: Liability:
RMKS:	RMKS:	RMKS:
Date/ Time	1100	
	941 94 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	
		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: Handler 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 :
		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:  Email Call
Repair Cost: FINAL SETTLEMENT	S\$ ( days) Reduction:  Date/Time: Confirm with	% Email Call Email Call
Final Liability:	% (Agreed / 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 days)	
Loss of Income (LOI):	S\$ (\$ x days)	
LOR only LOU only		
GIA/LTA Search	S\$ S\$	Claim status: Normal/Reject/Private Settle
Medical: Disbursement:	S\$ (e.g. Tow/ Independent	
Legal Cost	S\$	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.)	S\$ Name 2:	
Payee 3: (Strike if N.A.)	S\$ Name 3:	

REF: AU

ASSIGNMENT

From: Date: 14087018	Veh No. 9149589A. Yr Regn: 2016 Nov
Estimated Cost:	Type: N.Oar / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
OD (TP) WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
To Inspect Vehicle No. SLH 9589A	Make: Maz 4 3 c.c 1496.
at Workshop m/s Pequeus	Make: Maz 4a 3 c.c 1496.  Colour Sach A/C: Insured / Std / NI / NA
of Fly Kium Tork Rd	Sp.Reading (23779 - T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:
Policy No.	C/No: JM6BN 22 A8H0121.538
Claims No.	Gen. Cond: Good / Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inorder/ Jammed / Leaked / Burnt or
Make of Veh:	Modi: Rib/S/Rim / STD A/Rim or
	Tyre Size: F: 205/6+KLA
(Policy Condition)	R: ~ ~ ~
Remark: The veh had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO/YOKO or Westlola.
Bal. or Market Value: ¢6 7 K	<u>Front</u> <u>Rear</u>
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 6 mm R/Bal. 6 mm
GIA / PR Seen: Consistent? : Yes or No	L/Bal. 6 mm L/Bal. 61 mm
Est. Repairs: days Res.: Yes or No	D.O.A. D.O.I. 15 8 18 @ 12pm
Lum Sum: % 3 Val.: Yes or No	Survey held at
CA / REV / REP. / 24 HRS  Vehicle: IN / OUT	Des. of Damages : Frt / Rear O/S / N/S / U/C / Rooftop or
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	ReWR: \$51248
Date/Time, File Pass to? : Preli. Report	Days Of Repair:
: Final Report	Resurvey No. of Trip: Survey Fee:
Date/Time, File Return to?	Transportation:
Add Fee	Account of the Control of the Contro
	Interview (\$ ) Photos
Report Format:	Tech Invs (\$ ) Others
Lump Sum / I.B.I: (\$	:Weekend (\$