15/5/2010		CC 6/AIG1801	76 W, A	h LKK: IDAC:			
INS. CASE OWNER:			TENT	100	MALY.		
Surveyor:		DOI:	DOI: ASSIGNMENT		Date / Time : Registered in Merimen:		
Pre-assign / CCU / F' Insured Vehicle No. Name of Insured	SUJ 992		Claim No. Policy No. Make / Model	:			
Insured Tel No. Excess Sec II :S\$	(YES / NO)	D.O.A: Nature of Accident:	Place of Accide	ent is			
Is driver the owner? If NO. Driver Name Driver Tel No.	/ Age :	(V/L: YES / NO)	OI GIA REPOI Insured Liabilit	RT: YES / NO : TP GIA I y: % Final	REPORT: YES / No	<i></i>	
44C 455	0					-	
INSRS: WSP: Tel: Liability: Ml	INSR WSP Tel:	: lity:	INSRS: WSP: Tel: Liability: RMKS:		INSRS: WSP: Tel: Liability: RMKS:		
Date/ Time		5,799%-	-17.	STAGE	DATE /	PIC	
	59C 7950 - 4	of Care		Non-Reporting ltr (1st): Non-Reporting ltr (2nd): Non-Reporting ltr (Final): Notification ltr (if non-pict Call OI: After call ltr to OI:	kup):		
				Documentation Check L	ist: Handler Ty	pist	
				Notification ltr (if non-pic			
				After call ltr to OI:			
				Authorisation To Act:		-	
				Release Voucher:		-	
				Final Repair Bill:			
				Car Rental Invoice:			
-				Towing Invoice			
				Medical Bill:			
				PIR:			
				Mandate/Reject Instru	ction:		
				LOD			
				Payment Breakdown	Form:		
RELIMINARY ADVICE	Pote/Time:	Sent By:		Post-Repair Photos:		-=	
RELIMINARY ADVICE	Date/Time.			Others:			
INALIZATION	Date/Time:	Confirm with:		Confirm by:	mail Call	\neg	
	S\$	(days) Reduction:	%				
epair Cost: INAL SETTLEMENT	Date/Time:	Confirm with		If NO or B 28, Ass. I	ia:		
inal Liability:	% (Agr	eed / Assessed) BOLA S/N No.:		II NO of B 20, ress. t			
Repair Cost:	S\$						
oss of Rental (LOR):	S\$	(days)					
loss of Use (LOU):	S\$ (S	x days)					
Loss of Income (LOI):	S\$ (S	x days) LOR + LO Tick on	ly one]				
.OR only LOU on		_ LUK+LUL [IKKUII	V			01	
GIA/LTA Search	S\$ 1) Claim status: Normal/Reject/Private Settle						
Medical:	S\$ (e.g. Tow/Independent) 2) Report Format:						
Disbursement:	S\$	SS (e.g. 10w/ macpendent/) 3) Survey fee:					
Legal Cost	S\$ S\$	Global Sum S\$:					
Total:	Date/Time:	Confirm with:		Email Call_			
FINAL PAYMENT		Name 1:					
Payee 1:	S\$	Name 2:					
Payee 2: (Strike if N.A.)	S\$	Name 3:					
Payee 3: (Strike if N.A.)	SS	Timbe 07					

ASSIGNMENT |

From: Date:	Veh No: SGC 2555D Yr Regn: 2006 / Jun.				
Estimated Cost:	Type M.Car 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:	Make: Toyota AHis, c.c 1598				
at Workshop m/s	Colour A/C: Insured / Std / NI / NA				
of	Sp.Reading Z66237. T/Radio: Insured / Std / NI / NA				
Insured:	Eng/No:				
Policy No.	C/No: MROS3ZEC107/09132				
Claims No.	Gen. Cond: Good Fair / Poor / Burnt				
Sum Insured: Excess:	Steering: Inorder Jammed / Leaked / Burnt or				
(Client's Record)	Brake: Jammed / Leaked / Burnt or				
Make of Veh:	Modi: Nil STRim / STD A/Rim or				
11.5	Tyre Size: F: 195/60R15				
(Policy Condition)	Tyre Size: F: 195/60R15 R: 195/60R15				
Remark: The veh had commenced its N/S O/	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /				
repair at the time of inspection.	TOYO/YOKO or Crycero.				
Bal. or Market Value:	Front Rear				
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 06 mm R/Bal. 06 mm				
GIA / PR Seen: Consistent? : Yes or No	L/Bal. 06 mm L/Bal. 06, mm				
Est. Repairs: days Res.: Yes or No	D.O.A. D.O.I. 27/08/18 ·				
Lum Sum: % 3 Val.: Yes or No	Survey held at Hua Mery.				
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / O/S / WS / U/C / Rooftop or				
Vehicle: IN / C					
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.				
Date / Time Action / Instruction	COE Expi(4: 12/01/21				
TP A19.	COF Expiry: 12/01/21				
MV: 18.51					
3V , 13.5K					
Nett: 51c.					
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) Add F	ee: : Site Insp (\$)s+Rssi				
	: Interview (\$) Photos				
Report Format :	: Tech. Invs (\$) Others				
Lump Sum / I.B.I: (\$:Weekend (\$				
	TOTAL				