INS. CASE OWNER:		CCY/11/1 180 1	1145-1	M W A IDAC	
5		ASSIGNM	ENT	0	21.1.0
Surveyor .		DOI:		Date / Time	1914/18
-				Registered in Merimen:	20/9/18
Pre-assign / CCU / F	TE GALL	0. (1108101101	1110
	SMA V+	410			
Insured Vehicle No.	COM Vo.	110	Claim No.	•	
Name of Insured	SERRY You	400	Policy No.	:	1
Insured Tel No.	:	HP:	Make / Model	mar	ola 6
Excess Sec II :SS	1	D.O.A: XX/2018	Place of Accide	nt: MSD un	ds Terrace
Is driver the owner?	(YES /NO)	Nature of Accident:			
If NO, Driver Name			OI GIA DEDOD	T: YES / NO ; TP GIA F	PEDODT: VEGUNO
Driver Tel No		(V/L: YES NO)	Insured Liabilit		1? Yes/No
Dilver rei ve	J	(V/L. 1C5) NO.	msured Diability	y. 70 Final	1: 165/140
मा र्माप	J			→	
INSRS:	INSRS:		INSRS:		INSRS:
WSP: WY	WSP: Tel:		WSP: Tel:		WSP: Tel:
Liability:	Liability		Liability:		Liability:
RMKS:	RMKS:		RMKS:		RMKS:
Date/ Time					
Date/Time	1/2 117 1	1 100 1	/	STAGE	DATE / PIC
· Klin	LX JAKINA	SMA DYMI	X	Non-Reporting ltr (1st):	DATE/TIC
M				Non-Reporting ltr (2nd):	
4,				Non-Reporting ltr (Final): Notification ltr (if non-pick	am).
2815719	- E-moviled AlG	requested for o	Video	Call OI:	up).
2		C to Q loss 10	7100	After call ltr to OI:	38/5/19.
				Documentation Check Li	st: Handler Typist
≥0.09.19	CANCLE CASE / NO SURVE	LY DONE.		Notification ltr (if non-pick	cup)
1	With the same of t			After call ltr to OI:	
V				Authorisation To Act: Release Voucher:	
V	Notes and the second			Final Repair Bill:	
	1			Car Rental Invoice:	
•				Towing Invoice	
				LTA/GIA:	
				Medical Bill:	1
				PIR:	
				Mandate/Reject Instruct	ion:
				LOD Payment Breakdown For	rm.
PRELIMINARY ADVICE	Date/Time:	Sent By:		Post-Repair Photos:	
				Others:	
FINALIZATION	Date/Time:	Confirm with:		Confirm by:	
Repair Cost:	S\$ (days) Reduction:	%	Ema	il Call Call
FINAL SETTLEMENT	Date/Time:	Confirm with		Email Call	
Final Liability:		/ Assessed) BOLA S/N No.: -		If NO or B 28, Ass. Lia	: TUPN
Repair Cost:	S\$	da-va\		(01 JUEN) M	-TURN)
Loss of Rental (LOR):	S\$ (S\$ (\$ x	days)	Over the Control		
Loss of Use (LOU): Loss of Income (LOI):	S\$ (\$ x S\$ (\$ x	days)			
LOR only LOU only	parameters processes	OR + LOI [Tick only one]		
GIA/LTA Search	S\$				
Medical:	S\$			1) Claim status: Normal	/Reject/Private Settle
Disbursement:	S\$	(e.g. Tow/ Independen	t)	2) Report Format:	
Legal Cost	S\$	Clabal Care Co		3) Survey fee:	
Total:	S\$ Date/Time:	Global Sum S\$: Confirm with:		Email Call	
FINAL PAYMENT	S\$			Emant Can	
Payee 1: Payee 2: (Strike if N.A.)	S\$	Name 1:		*	
Payee 2: (Strike if N.A.)	S\$	Name 2:	······································		
THE PERSON ASSESSMENT OF PERSONS ASSESSMENT	G. SELT COMMENTER BELT: TOTAL PROPERTY STATES AND STREET	ELECT TO THE REAL PROPERTY OF THE PROPERTY OF THE PARTY O	erret in verschapetries meid	POPULATION OF THE PROPERTY OF A STREET OF	to desire the south to desire the second terms