15/5/2010		CC (/LPC1801 }	751,4	T Ab	
INS. CASE OWNER	t:		7 7	IDA	iC;
Surveyor:	240	DOI: ASSIGNM	810	Date / Time :	1/10/18.
Pre-assign / CCU	/ FTF		V	Registered in Merimen:	
Insured Vehicle No. : STY 15824 . Claim No.				18 W 18	PU5(070759.
Name of Insured : Policy No. :					
Insured Tel No.	:	HP: 1 1.	Make / Model	:	
Excess Sec II :SS		D.O.A: NY MIX.	Place of Accider	nt :	
Is driver the owner	? (YES / NO)	Nature of Accident :			
	THE CHARGE IN SECTION .	- I mare of Freedom -	OLGIA PEPOP	T. VES / NO · TP GIA	REPORT: VES / NO
If NO, Driver Name / Age: OI GIA REPORT: YES / NO; TP GIA REPORT: YI Driver Tel No.: (V/L: YES / NO) Insured Liability: % Final? Yes / No					
416 789	<u>8(0)</u> ————————————————————————————————————		_		
INSRS: WSP: Tel: Liability: RMKS:	INSRS WSP: Tel: Liabiliti RMKS	ıy:	INSRS: WSP: Tel: Liability: RMKS:		INSRS: WSP: Tel: Liability: RMKS:
Date/ Time					
	577168Mg 5	Wir Asviry Ay	10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	STAGE Non-Reporting ltr (1st): Non-Reporting ltr (2nd): Non-Reporting ltr (Final): Notification ltr (if non-pick Call OI: After call ltr to OI:	
				Documentation Check List Notification ltr (if non-pick	
				After call ltr to OI:	
				Authorisation To Act:	
			1	Release Voucher:	
				Final Repair Bill:	
				Car Rental Invoice:	
				Towing Invoice LTA / GIA :	
				Medical Bill:	
				PIR:	
				Mandate/Reject Instruct	ion:
				LOD	
				Payment Breakdown For	rm:
PRELIMINARY ADVICE	Date/Time:	Sent By:		Post-Repair Photos:	
FINALIZATION	Date/Time:	Confirm with		Others:	
Repair Cost:	S\$ (Confirm with: days) Reduction:	%	Confirm by: Emai	I Call
FINAL SETTLEMENT	Date/Time:	Confirm with		Email Cal	rcan
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\$ (S x	days)			
LOR only LOU only GIA/LTA Search	LOR + LOU L	OR + LO [Tick only one]			
Medical:	SS			I) Claim status: Normal	/Dajact/Drivata Carda
Disbursement:	S\$ (e.g. Tow/ Independent)			Claim status: Normal/Reject/Private Settle Report Format:	
Legal Cost	The Control of the Co		3) Survey fee:		
Total:	S\$	Global Sum S\$:	1-		
FINAL PAYMENT	Date/Time:	Confirm with:	1	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:			

ASSIGNMENT

From: Date:	Veh No: SIG 2881 6 Yr Regn: 27 Sep 2216
Estimated Cost:	Type: Mca / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
OD / Py WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
To Inspect Vehicle No:	Make: Toyota Prius c.c 798
at Workshop m/s Comf at Braddell	Colour White A/C: Insured / Std / NI / NA
of	Sp.Reading 725669 T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:
Policy No.	C/No: ITD KB 3FU (0353 4900
Claims No.	Gen. Cond: Godd / Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Ingrer / Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil / S/Rip / STD A/Rim or
V	Tyre Size: F: 195 /65 R15
(Policy Condition)	Ř: U
Remark: The veh had commenced its N/S 0	D/S BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / FIRM SUMI /
repair at the time of inspection.	TOYO/YOKO or
Bal. or Market Value:	<u>Front</u> Rear
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
Est. Repairs: days Res.: Yes or No	D.O.A. D.O.I. 0/-10-18
Lum Sum: % 3 Val.: Yes or No	Survey held at WS 22 46 pm
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Reary O/S / N/S / U/C / Rooftop or
Vehicle: IN /	
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	
y-	
Date/Time, File Pass to? : Preli. Report	Days Of Repair:
1) : Final Report	Resurvey No. of Trip: Survey Fee:
Date/Time, File Return to?	Transportation:
2) Add	Fee:: Site Insp (\$)s+Rssi
	: Interview (\$) Photos
Report Format :	: Tech. Invs (\$) Others
Lump Sum / I.B.I: (\$: Weekend (\$