INS. CASE OWNER	<u>.</u>	cc4/ U	R <sub>180</sub>	17893,	das	IDAC:
		`	ASSIGNM	IENT_		24 1 4
Surveyor:		DOI:			Date / Time:	
Due conie / COV	/ Para				Registered in Meri	men: Stoll
Pre-assign / CCU	(in i	44150				•
Insured Vehicle No	3 L X	44130		Claim No.	:	·
Name of Insured	: LOUF	PIL		Policy No.	:	
Insured Tel No.	:	HP:		Make / Model		
Excess Sec II :S\$		D.O.A: 75/09	2018	Place of Accide	ent ·	
Is driver the owner	YES NO )	Nature of Accident :	····	1 1200 01 1100100		
If NO, Driver Nam		•	<del></del>	OI GIA PEDOI	T. VNO . TO	CIA DEDODE A
Driver Tel 1		(V/L:KES)	NÖ.)	Insured Liabilit		GIA REPORT: XES / NO Final? Yes / No
5× 200	· C				, , , , , , , , , , , , , , , , , , , ,	27141. 2037140
<u> </u>						
INSRS:	INSRS	:		INSRS:		INSRS:
WSP: Meny	WSP: Tel:		#	WSP: Tel:		WSP: Tel:
Liability:	Liabilit	y:		Liability:	D H	Liability:
RMKS:	RMKS	:		RMKS:	W. W.	RMKS:
Date/ Time						
	6x 2008 6- x	i (1 h) by	rt S D =	Υ	STAGE	DATE / PIC
	00. 100.0 0 /0			70	Non-Reporting ltr (1 Non-Reporting ltr (2	
03-12-19	TO CANCE FILE.	NO SURVEY			Non-Reporting ltr (F	inal):
4					Notification ltr (if no Call OI:	on-pickup):
					After call ltr to OI:	
					Documentation Check List: Handler Typist	
			. <u></u>		Notification ltr (if no	on-pickup)
				-	After call ltr to OI:	
					Authorisation To Ac Release Voucher:	
					Final Repair Bill:	
					Car Rental Invoice:	
					Towing Invoice	
	-				LTA / GIA : Medical Bill:	
					PIR:	
					Mandate/Reject Ins	struction:
· · · · · · · · · · · · · · · · · · ·					LOD	
PRELIMINARY ADVICE	D. T.		and the second second second second		Payment Breakdov	
FRELIMINARY ADVICE	Date/Time:	Sent By:			Post-Repair Photos	
FINALIZATION	Date/Time:	Confirm	with:	and the same of the same property and the same trape to the same trape to the same trape to the same trape to	Others: Confirm by:	
Repair Cost:	S\$ (	days) Reduction		%	Commin by.	Email Call
FINAL SETTLEMENT	Date/Time:	Confirm with			Email Call	
Final Liability:		Assessed) BOLA S/	N No. : 27		If NO or B 28, Ass	. Lia :
Repair Cost:	S\$					
Loss of Rental (LOR): Loss of Use (LOU):	S\$ (\$ x	days) days)			<u> </u>	
Loss of Income (LOI):	S\$ (\$ x	days)	·			
LOR only LOU only	Description of the second of t		ick only one]			
GIA/LTA Search	S\$					·
Medical:	S\$					ormal/Reject/Private Settle
Disbursement: Legal Cost	S\$ S\$	(e.g. Tow	/ Independent	)	2) Report Format:	· ·
Total:	S\$	Global Sum S\$:			3) Survey fee:	<u> </u>
FINAL PAYMENT	Date/Time:	Confirm with:	//may.com		Email Call	
Payee 1:	S\$	Name 1:				
Fayee 2: (Strike if N.A.)	S\$	Name 2:		»		*
Provide the if N.A.)	SS	Name 3:	Edit i dramapi Miliadaes	TO SERVICE SER		