15/5/2010		CC 3/AXA1801	mih.	Guhh	LKK:	
INS. CASE OWNE	R:	CC /AXA1801	30 ng /	-1 /	IDAC:	
Surveyor:	×60	DOI: ASSIGNM	LX LX	Date / Time :	nliolis.	
				Registered in Meri	imen:	
Pre-assign / CCU	GBC Y	HOX.				
Insured Vehicle N	lo. :					
Name of Insured	:		Policy No.	:		
Insured Tel No.	7	HP:	Make / Model			
Excess Sec II :SS		D.O.A: 25 18	Place of Accid			
		Nature of Accident :	Trace of Accie			
Is driver the owne		Nature of Accident.	OLGIA DEDG	DT. VEC / NO . TI	CIA DEDORT: VES / NO	
If NO, Driver Na Driver Te		(V/L: YES / NO)	Insured Liabil	PORT: YES / NO ; TP GIA REPORT: YES / NO bility: % Final ? Yes / No		
5Hn 675	<u></u>				→	
INSRS: WSP: Tel: Liability: RMKS:	INSRS: WSP: Tel: Liability RMKS:		INSRS: WSP: Tel: Liability: RMKS:		INSRS: WSP: Tel: Liability: RMKS:	
Date/ Time						
	3NV 675-4	am jox -x		STAGE	DATE/PIC	
				Non-Reporting ltr (1st): Non-Reporting ltr (2nd):		
				Non-Reporting ltr (Final):		
	* gmartela	m·		Notification ltr (if no Call OI:	on-pickup):	
	4. 7.404. (-1			After call ltr to OI:		
			Documentation Check List: Handler Typist			
3				Notification ltr (if no	on-pickup)	
				After call ltr to OI:		
				Authorisation To Ac Release Voucher:	at:	
				Final Repair Bill:		
				Car Rental Invoice:		
				Towing Invoice		
				LTA / GIA :		
				Medical Bill:		
				PIR: Mandate/Reject In	etruction:	
				LOD	Istruction.	
				Payment Breakdo	wn Form:	
PRELIMINARY ADVICE	E Date/Time:	Sent By:		Post-Repair Photo	s:	
DINIA TO ATTOM	The second secon	0.0		Others:		
FINALIZATION Repair Cost:	Date/Time: S\$ (Confirm with: days) Reduction:	%	Confirm by:	Email Call	
FINAL SETTLEMENT		Confirm with	70	Email Cal		
Final Liability:		Assessed) BOLA S/N No. :		If NO or B 28, As		
Repair Cost:	S\$					
Loss of Rental (LOR):	S\$ (days)				
Loss of Use (LOU): Loss of Income (LOI):	S\$ (\$ x S\$ (\$ x	days)				
LOR only LOU only		OR + LO [Tick only one	.]			
GIA/LTA Search	S\$					
Medical:	S\$	Name of the state			ormal/Reject/Private Settle	
Disbursement:	S\$	(e.g. Tow/ Independent)	 Report Format: Survey fee: 		
Legal Cost Total:	S\$	Global Sum S\$:		3) Survey lee.		
FINAL PAYMENT		Confirm with:		Email Cal		
Payee 1:		Name 1:				
Payee 2: (Strike if N.A.)		Name 2:				
Payee 3: (Strike if N.A.)	S\$	Name 3:				

ASSIGNMENT

From: Date:	Veh No: StD67 S Yr Regn: 27 Jul 2012
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: chevrolet Epica c.c 1981
at Workshop m/s Trans - Carb	Colour A/C: Insured / Std / NI / NA
of	Sp.Reading 950323 T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:
Policy No.	C/NO: KLILA 69 RJBB 095 999
Claims No.	Gen. Cond: Good / Fair / Poor / Burnt
Sum Insured: Excess:	Steering: In order / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inforder / Jammed / Leaked / Burnt or
Make of Veh:	Modi: MIT) / S/Rim / STD A/Rim or
	Tyre Size: F: 195 (65 R15
(Policy Condition)	Ř: /1
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.	точо/чоко or Git;
Bal. or Market Value:	Front Rear
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. S mm R/Bal. S mm
GIA / PR Seen: Consistent? : Yes or No	L/Bal. 5 mm L/Bal. 6 mm
Est. Repairs: 4 days Res.: Yes or No	D.O.A. D.O.I. 03-10-18
Lum Sum: % 3 Val.: Yes or No	D.O.A. D.O.I. 03-10-18 Survey held at W/S 4250pm
	Des. of Damages : Frt / Rear / O/S, / N/S / U/C / Rooftop or
CA / REV / REP. / 24 HRS Vehicle: IN / OUT	N/s Tot
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	•
Date/Time, File Pass to?	Davis Of Bonsie
. Freii. Report	Days Of Repair:
1) : Final Report Date/Time, File Return to?	Resurvey No. of Trip: Survey Fee: Transportation:
2) Add Fee	
Additee	: Interview (\$) Photos
Report Format :	: Tech. Invs (\$) Others
Lump Sum / I.B.I: (\$: Weekend (\$
Lump Sum / L.D.I. (4	Manager (1974)
	TOTAL