INS. CASE OWNER:		CC 6 / LCR 180	(8340)	H Jas DAC:			
	WD	ASSIGN	MENT ()	9.	10-18		
Surveyor:		DOI:	(10/18	Date / Time :	0 10		
				Registered in Merimen:	4,10,10		
Pre-assign / CCU /	FTE C	111					
Insured Vehicle No.	SLL	5606 C	Claim No.				
Name of Insured			Policy No.	:			
Insured Tel No.	s	HP:	Make / Model	1			
Excess Sec II :S\$		D.O.A: 9-8/18	Place of Accide	ent:			
Is driver the owner?	(YES / NO)	Nature of Accident :					
If NO Driver Name	e / Age ·		OI GIA PEPO	PT. VES / NO . TP GIA REPORT	r. VES / NO		
If NO, Driver Name / Age : Driver Tel No. :		(V/L: YES / NO)	OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO Insured Liability: % Final ? Yes / No				
CIVILIZA		(VIL. ILS / IVO	msured maom	iy . 70 Illui - 103	, ,		
2 FA A12.	<u>∨</u>)						
INSRS: WSP: WSP: Tel: Liability: RMKS:	INSRS WSP: Tel: Liabili RMKS	ty:	INSRS: WSP: Tel: Liability: RMKS:	INSRS WSP: Tel: Liabilit RMKS	у:		
Date/ Time							
	01447(20) X	: Su3606 (V	STAGE	DATE / PIC		
	2 / 1 / 2 / 1	200,000		Non-Reporting ltr (1st): Non-Reporting ltr (2nd):			
				Non-Reporting ltr (Final):			
				Notification ltr (if non-pickup):			
				Call OI:			
+				After call ltr to OI: Documentation Check List: Har	ndler Typist		
				Notification ltr (if non-pickup)	Typist		
			6 3	After call ltr to OI:			
				Authorisation To Act:			
		100		Release Voucher:			
				Final Repair Bill:			
(4)				Car Rental Invoice:			
				Towing Invoice			
				LTA / GIA : Medical Bill:			
				PIR:	4 Pg		
				Mandate/Reject Instruction:			
				LOD			
				Payment Breakdown Form:			
PRELIMINARY ADVICE	Date/Time:	Sent By:		Post-Repair Photos:			
		The second secon		Others:			
FINALIZATION	Date/Time;	Confirm with:	8	Confirm by:			
Repair Cost:	S\$ (. days) Reduction:	%	Email	Call		
FINAL SETTLEMENT	Date/Time:	Confirm with		Email Call			
Final Liability:		/ Assessed) BOLA S/N No. ;		If NO or B 28, Ass. Lia:			
Repair Cost: Loss of Rental (LOR):	S\$ (deve					
Loss of Use (LOU):	S\$ (\$ x	days) days)					
Loss of Income (LOI):	S\$ (\$ ×						
LOR only LOU only		LOR + LOI Tick only o	nel				
GIA/LTA Search	S\$		9		(4)		
Medical:	S\$			1) Claim status: Normal/Reject/	Private Settle		
Disbursement:	S\$	(e.g. Tow/ Independ	ent)	2) Report Format:			
Legal Cost	S\$	0.1.10		3) Survey fee:			
Total:	S\$	Global Sum S\$:					
FINAL PAYMENT	Date/Time:	Confirm with:		Email Call			
Payee 1:	S\$	Name 1:		3			
Payee 2: (Strike if N.A.)	S\$	Name 2:	1				

(08/11/23) REF:	
	CALACITATE
Simeyor	Veh No: SLV47SZD. Yr Regn: 2017 / Dec. Type M.Ca) M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or Make: Toysta Prius - c.c 1787 Colour STVES. A/C: Insured / Std / NI / NA Sp.Reading 90833. T/Radio: Insured / Std / NI / NA Eng/No: C/No: ZVW506100873 Gen. Cond Good / Fair / Poor / Burnt Steering: Inorder / Jammed / Leaked / Burnt or Brake: Inorder / Jammed / Leaked / Burnt or Modi: Nil / S/Rim / STD A/Rim or Tyre Size: F: 135/65 R15 R: /35/65 R15 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOTO / YOKO or
repair at the time of inspection. Bal. or Market Value: IDAC Accident Rport: Consistent?: Yes or No GIA / PR Seen: Consistent?: Yes or No Est. Repairs: days Res.: Yes or No Lum Sum: % 3 Val.: Yes or No	
Date / Time Action / Instruction Action /	The U/C / Chassis frame / Body Structure affected due to collision.
Date/Time, File Pass to? : Preli. Report	Days Of Repair:

.

Date/Time, File Pass to?	: Preli. Report	Day	s Of Repair:			
1)	: Final Report	Resurvey No. of Trip:			Survey Fee:	
Date/Time, File Return to?	_				Transportation:	0
2)		Add Fee:	: Site Insp (\$)S+RS,SI	
			: Interview (\$) Photos	
Report Format :			: Tech. Invs (\$) Others	
Lump Sum / I.B.I: (\$)	: Weekend (\$)	
					TOTAL	