4.75	15/5/2010		n	WY.	HWbh ILKK:
	INS. CASE OWNER		CC /AIG1801	00(1)/	IDAC:
		1.1.	ASSIGN	1 10 11	16/10/18
	Surveyor:	Adnau	DOI:	Coll m los	Date / Time :
				((Registered in Merimen:
	Pre-assign / CCU		1125		
	Insured Vehicle No	SEF 2	4416	Claim No.	
	Name of Insured			Policy No.	
		. *	, m		
	Insured Tel No.		HP: 15/10/18	Make / Model	
	Excess Sec II :S\$		D.O.A : 09 (0) (8	Place of Accide	ent:
	Is driver the owner		Nature of Accident :		
	If NO, Driver Nam		OUT AFFE (NO.)		RT: YES / NO; TP GIA REPORT: YES / NO (y: % Final ? Yes / No
	Driver Tel 1	No. :	(V/L: YES / NO)	Insured Liabilit	y. 76 Final: Tes/140
	SMA 7160	<u>S</u> i →			
1	INSRS:	INSRS		INSRS:	INSRS:
				WSP:	WSP:
A A	WSP: Tel:	Tel:	HH	Tel : Liability :	Tel : Liability :
	Liability : ♥ RMKS:	Liabili	1/4 -4/1	RMKS:	RMKS:
	Date/ Time				
	Data Time	smr 71695-4	SERVATUE	-×	STAGE DATE/PIC
			1111		Non-Reporting ltr (1st):
					Non-Reporting ltr (2nd): Non-Reporting ltr (Final):
					Notification ltr (if non-pickup):
	5 0				Call OI:
					After call ltr to OI: Documentation Check List: Handler Typist
					Documentation Check List: Handler Typist Notification ltr (if non-pickup)
					After call ltr to OI:
					Authorisation To Act:
					Release Voucher:
					Final Repair Bill:
-					Car Rental Invoice: Towing Invoice
	-				LTA / GIA :
					Medical Bill:
					PIR:
					Mandate/Reject Instruction:
_					LOD Payment Breakdown Form:
PRELIN	MINARY ADVICE	Date/Time:	Sent By:		Post-Repair Photos:
					Others:
FINALI	ZATION	Date/Time:	Confirm with:		Confirm by:
Repair C		S\$ (days) Reduction:	%	Email Call
FINAL S	SETTLEMENT	Date/Time: % (Agreed /	Confirm with		Email Cal If NO or B 28, Ass. Lia :
Repair C		S\$ (Agreed /	Assessed) BOLA S/N No. :		II INO ULD 20, Ass. Lild :
Loss of R	tental (LOR):	S\$ (days)		
	Jse (LOU):	S\$ (\$ x			
	ncome (LOI):	S\$ (\$ x		1	
LOR only GIA/LTA		LOR + LOU I	OR + LO [Tick only o	nej	
Medical:		S\$			Claim status: Normal/Reject/Private Settle
Disburse	ment:	S\$	(e.g. Tow/ Independen	nt)	2) Report Format:
Legal Co	st	S\$	a a. a.		3) Survey fee:
Total:	DAVMENT	S\$	Global Sum S\$: Confirm with:		Email Cal
	PAYMENT	Date/Time:			Emant Call
Payee 1:	(Strike if N.A.)	SS SS	Name 1: Name 2:		
ayee 2.	(Strike if N.A.)	S\$	Name 3:		

ASSIGNMENT

From: Date:	Veh No. SMA 7169S Yr Regn: 2018	June.
From: Date: Estimated Cost:	Type M.Ca / 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: Audi A3. c.c 98	8.
	Colour Grey, A/C: Insured / Std /	
at Workshop m/s	Sp.Reading 7034. T/Radio: Insured / Std	/ NI / NA
of -	Eng/No:	
Insured:	C/No: WAUZZSV& J1068864.	
Policy No.	Gen. Cond: Good / Fair / Poor / Burnt	
Claims No.	Steering: Inorder / Jammed / Leaked / Burnt or	
Sum Insured: Excess:	Brake: Inoder / Jammed / Leaked / Burnt or	
(Client's Record)	Modi: Nil / S/R)m / STD A/Rim or	
Make of Veh:	226/11212	
	Tyre Size: F: 225/40K18-	
(Policy Condition) Remark: The veh had commenced its N/S O/S		AL /
Remark: The veh had commenced its N/S O/S repair at the time of inspection.	BS / DUN / EXNOVA / GY / FS / LIZA MIC / OHTSU / PIR / SUN TOYO / YOKO or	111
Bal. or Market Value:	R/Bal. 06 mm R/Bal. 06	100.00
IDAC Accident Rport: Consistent? : Yes or No		mm
GIA / PR Seen: Consistent? : Yes or No		mm
Est. Repairs: days Res.: Yes or No	Consulta	
Lum Sum: % 3 Val.: Yes or No	Survey held at	
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rea / O/S / N/S / U/C / Rooftop of)r
Vehicle: IN / OUT Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to	o collision
Date / Time Action / Instruction	The dro / chassis frame / body chactare another see a	J 00111010111
TPALG.		
Date/Time, File Pass to? : Preli. Report	Days Of Repair:	
: Final Report	Resurvey No. of Trip: Survey Fee:	
Date/Time, File Return to? -	Transportation;	
2) Add Fee	Parameter of the Parame	
	: Interview (\$) Photos	
Report Format :	: Tech. Invs (\$) Others	
Lump Sum / I.B.I: (\$: Weekend (\$	
	TOTAL	