INS. CASE OWNER	[≳] Joel	CC8/EQI1801	9492(Npa3) 140 5	LKK:	
Surveyor:	NAZ	ASSIGNM DOI: VV	10 (1)	24.10.18	
Pre-assign / CCU	(LY	1947 K	Date / Time : Registered in Meri Claim No. :		
Name of Insured Insured Tel No. Excess Sec II :SS Is driver the owner	(120 / 110)	HP:	Policy No. : Make / Model : Place of Accident :		
If NO, Driver Name / Age : Driver Tel No. : (V/L: YES / :		(V/L: YES / NÖ)	OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO Insured Liability: % Final? Yes / No		
INSRS: WSP: Tel: Liability: RMKS:	INSRS WSP: Tel: Liabilit RMKS	y:	INSRS: WSP: Tel: Liability: RMKS:	INSRS: WSP: Tel: Liability: RMKS:	
Date/ Time				RIVINS.	
	SUP 1947K - CS.3	1001 1800 7363/624	Non-Reporting ltr (2 Non-Reporting ltr (2 Non-Reporting ltr (F Notification ltr (if no	nd): inal);	
07/07/2021	Pls refer to V	TEWS for details.	Call OI: After call ltr to OI: Documentation Che	eck List: Handler Typist	
	*No response *Submit WP r	e from TP report to EQ	Notification ltr (if no 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 Ins LOD Payment Breakdow		
PRELIMINARY ADVICE	Date/Time:	Sent By:	Post-Repair Photos		
FINALIZATION Repair Cost: P/P FINAL SETTLEMENT	Date/Time: S\$ 1,241.00 (;	Confirm with: 2 days) Reduction: 37 Confirm with		Email Call	
Final Liability: Repair Cost: Loss of Rental (LOR):	% (Agreed / S\$'	Assessed) BOLA S/N No. :	Email Call If NO or B 28, Ass.	Lia:	
LOSS of Income (LOI): LOR only LOU only GIA/LTA Search	S\$ -(\$ x	days) days) OR + LOI [Tick only one]			
Disbursement: Legal Cost	S\$ S\$ S\$	(e.g. Tow/ Independent) Global Sum S\$:		TP \$160.00	
FINAL PAYMENT Payee 1: Payee 2: (Strike if N.A.)	Date/Time: S\$ S\$	Confirm with: Name 1: Name 2: Name 3:	Email Call		

ASSIGNMENT	1 3					
Veh No: SMB 2686 Yr Rogs: MY 2012	T. A.	(08.11.13) R	EF: FO	Cr.		
Front:		Simeon: NA	GNMENT			
Estimated Cost: OD TP F WS TP RES OD RES EVA INV IMV To Inspect Vehicle No: at Workshop mis of Insured: Polity No. Claims No. Sum Insured: (Clitaris Record) Make of Vehic (Poley Condition) Remark: The veh had commenced its repair at the time of inspection. Bal. or Market Value: IDAC Accident Rport: Consident?: Yes or No Est. Repairs: 2 days Res: Yes or No Est. Repairs: 2 Adys Res: Yes or No CA REV REP. 24 HRS Date/Time Action Instruction Date/Time Action Instruction Date/Time Action Instruction Date/Time Action Instruction Type: Mark Mcycle (Bught Van / Lorry Taxil Prine Mover Truck Trailer or Make: Anh A 22				SMB 268B	Yr Regn: 11 14 / 2012	
Truck/Trailer or Truck/Trail		From: Date:		Veh No: Type: M Car / M Cycle / Bus / Van / Lor	ry / Taxi / Prime Mover /	
Make						
To Inspect Vehicle No: at Workshop mis of Insured: Policy No. Claims No. Sum learned: (Client's Record) Make of Veh: (Policy Condition) Remark: The veh had commenced its repair at the time of inspection. Ball, or Market Value. (Docations Root: Consistent?: Yes or No Est. Repails: Date: Person Contacted: Person Contacted: Person Contacted: Person Contacted: Person Contacted: Person Contacted: Person Contacted: Person		OD/TP/WS/TP RES/OD RES/EVA/I	NV/MV			
Sp. Reading Set Set		To Inspect Vehicle No:		AVC: (Insut. d) Std / NI / NA		
EngNo: Choi: Cho		at Workshop m/s		Colour Machine 36 7 T/Radio Insured Std / NI / NA		
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Policy No. Claims No. Sum Insured: Excess: Excess: Sum Insured: Excess: Steering: (norder / Jammed / Leaked / Burnt or Steering: finorder / Jammed / Leaked / Burnt or Brake: (norder / Jammed / Leaked / Burnt or Modi: Nil / Sirlin				Eng/No:		
Steeling: (Increase) Jammed Leaked Burnt or				Gen. Cond: Good / Fair / Poor / Burnt Steering: (norder / Jammed / Leaked / Burnt or		
Sum insured: (Citient's Record) Make of Vehi: (Policy Condition) Remark: The veh had commenced its repair at the time of inspection. Ball or Market Value: IDAC Acidedient Rport: Consistent?: Yes or No Est. Repairs: 2 days Res.: Yes or No Lum Sum: 96 3 Val.: Yes or No CA / REV / REP. / 24 HRS Date / Time Action / Instruction Date / Time Action / Instruction Date / Time Action / Instruction Date / Time Return 197 Add Fee: Size in repair at the time of inspection. R: 1 Tryre Size: R: 1 Tryre Size: R: 1 Tryro / YOKO or FLEW ZA Front Regal		Claims No.	to the residence of the second			
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Remark: The veh had commenced its repair at the time of inspection. N/S O/S IT O/S O/				R:	\\	
Remark: In verh and with time of inspection. TOYO/YOKO or FURENCE NAME			NIS OIS	BS / DIIN / FXNOVA / GY / FS / LIZA	/ MIC / OHTSU / PIR / SUMI /	
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Survey held at SMLT WODD AND		GIA / FA Section			U.O.I. 24/10/18	
Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or O/S / REV / REP. / 24 HRS Date: Person Contacted: The U/C / Chassis frame / Body Structure affected due to collision. Date / Time		Lat. Nopuller		Survey held at SMRT	LODIANDS	
Date: Person Contacted: The U/C / Chassis frame / Body Structure affected due to collision. Date / Time Action / Instruction Actio		Lum Sum: %	3 Val., 165 of 115	Des. of Damages : Frt / Rear / O/S	I N/S / U/C / Rooftop or	
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