	INS. CASE OWNE	R:		cc 3	/ AG 180	20256,	TIha3 LKK:			
	Surveyor ASSIGNMENT					2 0				
		,					- Date / Time : SAL & Registered in Merimen:			
	Pre-assign / CCU	/FTE	271				registered in Merimen:	- 711	18	
	Insured Vehicle N	io. ;	SJK	7757	C	Ol-i NI				
	Name of Insured		0 1		_	Claim No.			_	
					_	Policy No.	;		21	
	Insured Tel No.	: _		HP:		Make / Model				
	In deriver the			D.O.A: 2	D.O.A: \( \lambda \lam	Place of Accident:  OI GIA REPORT: YES / NO; TP GIA REPORT: YES / NO				
				Nature of Ac						
7	Driver Tel No. :		(V/I							
	SHB 5136 D			(172	(112.110)110,9		Insured Liability: % Final? Yes / No			
	7/10 1/20 1				>					
	INSRS: WSP: Tel: Swoll Liability: RMKS:	,WV	INSRS WSP: Tel: Liabilit RMKS	by:		INSRS: WSP: Tel: Liability: RMKS:	INSI WSF Tel: Liab	ility :		
	Date/ Time					10,1110,	RME	CS:		
		SPIBSI	13/kD - UZ/ AM	110 1220	Malc307.	DUA: 23 6 2011				
		Sh( 7)	KAC - NO MMI	1 anama	1	DUA: 27 6 2011	STAGE Non-Reporting ltr (1st):	DATE / ]	PIC	
	0	10 10	10 10 MAILLIN	( ( ( ( ) ( ) ( ) ( ) (	100 ( V + 1) ( S	21 10	Non-Reporting ltr (2nd):			
					-		Non-Reporting ltr (Final):			
							Notification ltr (if non-pickup): Call OI:			
							After call Itr to OI:			
							Documentation Check List: Handler Typist			
			2				Notification ltr (if non-pickup)			
						1	After call itr to OI:	<b>V</b>		
					14		Authorisation To Act:	V		
							Release Voucher: Final Repair Bill:	<b>V</b>	1	
							Car Rental Invoice:	✓	19	
							Towing Invoice	V	3	
							LTA/GIA:	<b>V</b>		
							Medical Bill:		1 1	
							PIR:		7 7	
							Mandate/Reject Instruction:			
	n n = . n						LOD	<b>V</b>		
PRELIM	INARY ADVICE	Date/Time	e:	Ser	it By:		Payment Breakdown Form:			
				501	LDJ.		Post-Repair Photos:			
FINALIZ		Date/Time		Cor	nfirm with:		Others: Confirm by:			
Repair Co.	st: P/P	\$\$ 22,9	46.50 ( 1		luction: 28,355.1	4/55 %	Email	Call		
	ETTLEMENT		23/7/2020	Confirm with	Lee Gek		Email Call	Call		
Final Liab	(rigidod / Assessed) BOLA S/N NO. : VIL						If NO or B 28, Ass. Lia:			
Repair Cos			\$\$ 22,946.50				PIR against Insured driver under			
Loss of Re Loss of Us	ental (LOR):	\$\$ 9,1	1m		5117.17		S 65(b) RTA for incons	siderate d	riving	
	come (LOI):	S\$ S\$	(\$ x	days)	*					
LOR only	LOU only	_	R+LOU LO	days)	7					
GIA/LTA		S\$ 7.00		OR + LOI	[Tick only one]					
Medical:	- Jan Van	S\$ 7.00			120					
Disbursem	nent:	S\$		1	Tow/Indoor	(1)	1) Claim status: Normal/Reject/	Private Settle	3	
DISDUISEIN		S\$		(e,g	. Tow/ Independent	/	2) Report Format: TP 3) Survey fee: \$320	*		
	L		92.76	Global Sum S	s: 28,500.00		3) Survey fee: \$320		V	
Legal Cost		ss 32,0	32.70							
Legal Cost Total:	AYMENT	S\$ 32,0 Date/Time		Confirm with:	The state of the s		Email Cul			
Legal Cost Total: FINAL PA		Date/Time	500.00	Confirm with:		PTE LTD	Email Call			
Legal Cost Total: FINAL PA Payee 1:	AYMENT	Date/Time	500.00		The state of the s	PTE LTD	Email Call			