Surveyor: Dot	15/5/2010		CC 3/III1802	05 V5, T	1 /67 LI	KK: DAC:	
Surveyor: Pre-assign / CCU / FTE Insured Vehicle No. Insured Tal No. Excess See II SS Is driver the owner? If NO. Driver Tal No.: Insured Tal No.: Insured Tal No.: Insured Yeshicle No. Insured Yeshicle No.: Insured Tal No.: Insured Yeshicle No.: Insured Liability: Insured Yeshicle No.: Insured Yeshicle No.: Insured Liability: Insured Yeshicle No.: Insured Yeshicle Yeshicle Yeshicle No.: Insured Yeshicle Yeshicle No.: Insured Yeshicle Yeshicle Yeshicle No.: Insured Yeshicle Yeshicle Yeshicle Yeshicle No.: Insured Yeshicle	INS. CASE OWNER	1 .				- 1 - 1 - 1	
No. State	Surveyor:	Thufikh.		alu [18			
Insured Vehicle No. SUM 16 17 18 18 18 18 18 18 18	Pro-accion / CCU	/ ETE			Registered in Merimei	u: Alla Ca	
Name of Name	Fre-assign/ CCC	CVM ?	16924.				
Insured Tel No. HP Make / Model	Insured Vehicle No	. :	, , , ,	Claim No.	:		
Excess Sec II :85	Name of Insured	- 1 <u></u>		Policy No.	Policy No. :		
Excess Sec II :85	Insured Tel No.		HP:	Make / Model	ake / Model :		
Is driver the owner?	4		2/11/2	Place of Accid			
If NO, Driver Name / Age :		2 (YES / NO)					
Driver Tel No.: (V/L. YES / NO) Insured Liability: % Final ? Yes / No			rature of racident.	OLGIA PEPO	PT- VES / NO · TP GI	A REPORT: VES / NO	
WSP Tel Liability Liab							
WSP Tel Liability Liab	SUB 846	<u>→</u>				·	
STAGE DATE / PIC Non-Reporting for (1nd) Non-Reporting for (1n	WSP: Tel: Liability:	WSP: Tel: Liabili	ıy:	WSP: Tel : Liability :		WSP: Tel : Liability :	
Non-Reporting ftr (rans):	Date/ Time						
Non-Reporting tr (7anl): Non-Reporting tr (7		Shor 800}) -x	SUM 71	MM		DATE / PIC	
Non-Reporting Itr (finan): Non-Reporting		10		' '			
Call OI:					Non-Reporting ltr (Final):	
After call lir to OI: Documentation Check List: Handler Typist						ckup):	
Notification It (if non-pickup)						List: Handler Typist	
Authorisation To Act:					Notification ltr (if non-pi		
Release Voucher:					After call ltr to OI:		
Final Repair Bill:					The state of the s		
Car Rental Invoice:							
Towing Invoice							
LTA / GIA :							
Medical Bill:							
Mandate/Reject Instruction: LOD							
LOD					PIR:		
Payment Breakdown Form: Payment Breakdow					Mandate/Reject Instru	ction:	
Post-Repair Photos:							
Others:	DDET DANGE DV 4 DATAGE	75				Porm:	
Confirm with: Confirm by:	PRELIMINARY ADVICE	Date/Time:	Sent By:				
Repair Cost: S\$ (days) Reduction: % Email Call	FINALIZATION	Date/Time:	Confirm with:				
FINAL SETTLEMENT Date/Time: Confirm with Email Cal	Repair Cost:			%		nail Call	
Repair Cost: SS	FINAL SETTLEMENT	Date/Time:	Confirm with		Email Cal		
Closs of Rental (LOR): S\$ (days)	Final Liability:		Assessed) BOLA S/N No.:		If NO or B 28, Ass. Li	ia:	
Coss of Use (LOU): S\$ (S x days)	Repair Cost:		24 () ()				
LOR only							
LOU only							
SS S S S S S S S S				ly one]			
Disbursement: S\$ (e.g. Tow/ Independent) 2) Report Format:	GIA/LTA Search						
SS 3 Survey fee:	Medical:	S\$			1) Claim status: Norm	al/Reject/Private Settle	
Total: S\$ Global Sum S\$: FINAL PAYMENT Date/Time: Confirm with: Email Cal Payee 1: S\$ Name 1: Payee 2: (Strike if N.A.) S\$ Name 2:	Disbursement:		(e.g. Tow/ Indepe	endent)			
Payee 1: S\$ Name 1: Payee 2: (Strike if N.A.) S\$ Name 2:	Legal Cost		CLL IR OF		3) Survey fee:		
Payee 1: \$\$ Name 1: Payee 2: (Strike if N.A.) \$\$ Name 2:					F11 C-1		
Payee 2: (Strike if N.A.) S\$ Name 2:					Email Call		
		2014.1					
	Payee 3: (Strike if N.A.)	S\$	Name 2: Name 3:				

REF:

TH

ASSIGNMENT

From:	Date:	Veh No. SHIBR367	Jyr Regn: 20/6 / Sep.		
Estimated Cost:	Duto.	Type: M.Car / M.Cycle / Bus / Van / L	orry / Oxi) Prime Mover /		
OD / (TP) / WS / TP RES / OD I	RES / EVA / INV / MV	Truck / Trailer or			
To Inspect Vehicle No:		Make: Hyunla 130	c.c 1582.		
at Workshop m/s		Make: Hyunla 130 Colour Silver	A/C: Insured / Std / NI / NA		
of		Sp.Reading 11835°	T/Radio: Insured / Std / NI / NA		
Insured:		Eng/No:	d v		
Policy No.		CNO: 7MAD 281 4VHJ 12-1477			
Claims No.		Gen. Cond: Good / Fair / Poor / Burn	t		
Sum Insured:	Excess:	Steering: Inorder / Jammed / Leaked / Burnt or			
(Client's Record)	and do.	Brake: Inorde / Jammed / Leaked / Burnt or			
Make of Veh:		Modi: Nil / S/Rim / STD A/Rim or /			
1113110 31 (1311)		Tyre Size: F: /9	5/65/15		
(Policy Condition)		R:	7 7		
Remark: The veh had comm	nenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /			
repair at the time of		TOYO/YOKO Or MAXXIS			
Bal. or Market Value:		Front	Rear		
IDAC Accident Rport:	Consistent?: Yes or No	R/Bal. /a mm	R/Bal. 6 mm		
GIA / PR Seen:	Consistent? : Yes or No	L/Bal. mm	L/Bal. mm		
Est. Repairs:	days Res.: Yes or No	D.O.A.	D.O.I. 9/11/18 0 215		
Lum Sum:	% 3 Val.: Yes or No	Survey held at Komo Co	, ///		
	Aupo	Des. of Damages : Frt Rear / O/S	/ N/S / U/C / Rooftop or		
CA / REV / REP. / 2	4 HRS Vehicle: IN / OUT				
Date: Perso	n Contacted:	The U/C / Chassis frame / Boo	ly Structure affected due to collision.		
Date / Time Action / Ins	struction				
	-				
Date/Time, File Pass to?	: Preli. Report	Days Of Repair:			
1)	=	Resurvey No. of Trip:	Survey Fee:		
Date/Time, File Return to?			Transportation		
2)	Add Fee	: Site Insp (\$)S+RSSI		
		: Interview (\$) Photos		
Report Format :		Tech. Invs (\$) Others		
Lump Sum / I.B.I: (\$)	Weekend (\$) .		
			TOTAL		