15/5/2010 FNS, CAGB CW.3 (2)		CC 4, 11 160	20565,	3443	LKK: IDAC:	
Survey or:		ASSIGNMENT DOI:		29	13/14/18	
of the majorith				Date / Time : Registered in Merin	men' (VIII)	
Pre-assign / CCU /	FTE CAL.	1.2 / 1/11		***************************************	111	
Insured Vehicle No.	SHU 8	341U	Claim No.	:		
Name of Insured	CAIL		Policy No.			
Insured Tel No.		TTT).	•	•		
Excess Sec II :SS		D.O.A: W-10-18	Make / Model			
Is driver the owner?	(YES / 👩)		Place of Accide	ent:		
		Nature of Accident :				
If NO, Driver Name / Age : Driver Tel No. :		OI GIA REPOI		RT: VES/NO; TP GIA REPORT (YES/NO Y: % Final? Yes/No		
5762296	05				->	
INSRS: WSP: Tel: Liability: RMKS:	MNY. INSRS: WSP: Tel: Liability RMKS:	y:	INSRS: WSP: Tel: Liability: RMKS:		INSRS: WSP: Tel: Liability: RMKS:	
Date/ Time						
	51485603 x			STAGE	DATE / PIC	
		Min non in Andrial in	7- hab M-10	Non-Reporting ltr (1 Non-Reporting ltr (2		
	[Hc83/10-43/	111014121412111111	MINANTAL	Non-Reporting Itr (F	inal):	
27:15	seek liability from	111 - Pending appr	mial;	Notification ltr (if no Call OI:	on-pickup);	
27/5	liability approve	ed. Pending survey		After call ltr to OI:		
8/8	8/8 - 10 dans notice send Tp.			Documentation Ch		
**	* NO ENEVEL DONE X			Notification ltr (if no After call ltr to OI;	on-pickup)	
06/11/19				Authorisation To Act:		
				Release Voucher:		
y				Final Repair Bill:		
				Car Rental Invoice: Towing Invoice		
				LTA / GIA :		
	·			Medical Bill:		
		-		PIR:		
				Mandate/Reject In	struction:	
				LOD Payment Breakdov	7-	
PRELIMINARY ADVICE	Date/Time:	Sent By:		Post-Repair Photo		
				Others:	5.	
FINALIZATION	Date/Time;	Confirm with:		Confirm by:		
Repair Cost:	S\$ (days) Reduction;	%		EmailCall	
FINAL SETTLEMENT	Date/Time:	Confirm with		Email Call		
Final Liability:	% 100 (Agreed S\$	/ Assessed) BOLA S/N No. :	15.	If NO or B 28, As		
Repair Cost: Loss of Rental (LOR):	S\$ (days) On		01 mange	to to lane.	
Loss of Use (LOU):	S\$ (\$ x		^			
Loss of Income (LOI):	S\$ (\$ x	1111	LI	-		
LOR only LOU only		OR + LOI Tick only o	ne]			
GIA/LTA Search	S\$					
Medical:	S\$				ormal/Reject/Private Settle	
Disbursement: Legal Cost	S\$ S\$	(e.g. Tow/ Independ	lent)	2) Report Format:		
Total:	\$\$ \$\$	Global Sum S\$:		3) Survey fee:	:.	
FINAL PAYMENT	Date/Time:	Confirm with:		Email Call		
Payee 1:	S\$	Nam-1:		Call		
Payer 2. (Strike if N.A.)	S\$	Name 2:	· ·		,	
Payee 3: (Strike if N.A.)	S\$	Name 3:	`			