15/5/2010 INS. CASE OWNE	R.	CC 4/111802	No79,72	+144	LKK: IDAC:	
			GNMENT		10/1 1.4	1
Surveyor:	Tunt Toh.		MW/18.	Date / Time :	18/1/18	18.
Pre-assign / CCU	/FTF			Registered in Merin	nen: (&(v)	
Pre-assign / CCC	SHC 8	1085K				
Insured Vehicle N	0. :		Claim No.	:		_
Name of Insured			Policy No.	:		_
Insured Tel No.	:	HP:	Make / Model			
Excess Sec II :S\$		D.O.A: 14 17 18	Place of Accid			
Is driver the owne		Nature of Accident :	Trace of rices			
		Nature of Accident .	OLGIL DED	NOTE AND TO	CIA DEDORT, VEC /	NO
If NO , Driver Na Driver Tel		OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO (V/L: YES / NO) Insured Liability: % Final ? Yes / No				
SUU 971	<u>07</u> —			_	+	_
INSRS:	INSRS	:	INSRS:		INSRS:	
INSRS: WSP: Tel: VOWS	WSP:	WSP: Tel:		WSP: Tel:		
Liability:	Liabilit	y:	Liability:		Liability:	
RMKS:	RMKS	1/4 -1/1	RMKS:		RMKS:	
Date/ Time						
	Shuanaz - x	(11081	89E-4	STAGE	DATE	PIC
	7 VIANCTIVE T	, , , , , ,		Non-Reporting ltr (1st		
				Non-Reporting ltr (2n Non-Reporting ltr (Fir		
				Notification ltr (if non		
				Call OI:		
				After call ltr to OI:		
				Documentation Chec		pist
				Notification ltr (if non	-pickup)	-
				After call ltr to OI:		\vdash
				Authorisation To Act: Release Voucher:		
				Final Repair Bill:		
				Car Rental Invoice:		
				Towing Invoice		
				LTA / GIA :		
				Medical Bill:		
				PIR:		
				Mandate/Reject Inst	truction:	
				LOD		
PRELIMINARY ADVICE	Date/Time:	Sent By:		Payment Breakdown Post-Repair Photos:		
	Duni Tillo.	Delle Dy.		Others:		
FINALIZATION	Date/Time:	Confirm with:		Confirm by:		
Repair Cost:	S\$ (days) Reduction:	%		Email Call	
FINAL SETTLEMENT	Date/Time: Confirm with Email Cal					
Final Liability:	% (Agreed / Assessed) BOLA S/N No. :			If NO or B 28, Ass. Lia:		
Repair Cost:	S\$	dawa				
Loss of Rental (LOR): Loss of Use (LOU):	S\$ (days) S\$ (S x days)					
Loss of Income (LOI):	S\$ (\$ x	days)				
LOR only LOU only		OR + LO [Tick onl	y one]			
GIA/LTA Search	S\$					
Medical:	S\$			1) Claim status: Normal/Reject/Private Settle		
Disbursement:	S\$ (e.g. Tow/ Independent) 2) Report Format:					
Legal Cost Total:	S\$ S\$	Global Sum S\$:		3) Survey fee:		
FINAL PAYMENT	Date/Time:	Confirm with:		Email Cal		
		Committee of the control of the cont		Linair Call_		
E de Train	22	Name 1:				
Payee 1: Payee 2: (Strike if N.A.)	S\$ S\$	Name 1: Name 2:				

Surreyor Janth REF: III	
Aurego.	ASSIGNMENT
From: Date: 19-10-201	18 Veh No: SL497197- Yr Regn: 2017 1 My
Tion	Type: M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Estimated Cost:	Truck / Trailer or
OD / TO / WS / TP RES / OD RES / EVA / INV / MV	11 Mbwan Beatle 12 co 1102
To Inspect Vehicle No: SLU 9719Z	Make: Whugen Beatle 1.2 - c.c / LGJ - Colour Biest A/C: Insured / Std / NI / NA
at Workshop m/s Volkswagen	/ TIS 15 15 15 16 16 16 16 16 16 16 16 16 16 16 16 16
of 244 Alexandru Rd	Sp.reading
Insured:	Eng/No:
Policy No.	CINO: 2 UNW 22 E/026462030
Claims No.	Gen. Cond. Good / Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inorder / Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil (S/Rim / STD A/Rim or
12.30pm	Tyre Size: F: 235 M5748.
(Policy Condition) Walting	R:
Remark: The veh had commenced its N/S	O/S BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO / YOKO or
Bal, or Market Value:	Front Rear
	R/Bal. 6 mm R/Bal. 6 mm
C 11 10 V	
	D.O.A. D.O.I. 18/17/18
Lot. Heptino.	I. My M. Maryla
Lum Sum: % 3 Val.: Yes or No	Survey field at
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
Vehicle: Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction / / // // A	The O/C / Chassis frame / Body structure and color discount of some of the
Date / Time Action / Mo Lan	
Date/Time, File Pass to? : Preli. Report	Days Of Repair:
1) : Final Report	Resurvey No. of Trip: Survey Fee:
Date/Time, File Return to?	Transportation:
2)	Add Fee: : Site Insp (\$) s+RS_si
	: Interview (\$) Photos
Report Format :	: Tech. Invs (\$.) Others
Lump Sum / I.B.I: (\$:Weekend (\$
	TOTAL
	TV TO