15/5/2010		$\lambda$ $\sqrt{.}$	122 0	LKK:	
INS. CASE OWNER		CC //AIG1802	1211	IDAC:	
	112	ASSIGNM	ENT	18/M	d'
Surveyor:	H.g.	DOI:	17/18	Date / Time :	
our rejon			V	Registered in Merimen:	W/18
Pre-assign / CCU	/FTE				
	sUH	66580.	CI. I V		
Insured Vehicle No	).		Claim No.	•	
Name of Insured			Policy No.	:	
Insured Tel No.	:	HP:	Make / Model	:	
Excess Sec II :S\$		D.O.A: 15 W 18	Place of Accid	lent :	
Is driver the owner		Nature of Accident :			
			OLGIA REPO	RT: YES / NO ; TP GIA REPOR'	T: VES / NO
If NO, Driver Nan Driver Tel		(V/L: YES / NO )	Insured Liabili		
		(VIE. 1237 NO)	Insured Endom		
८५८ १४३५	<u> </u>				
INSRS:	INSRS		INSRS:	INSRS	
WSP: ( WAY	WSP:		WSP:	WSP:	
Tel: SVV	Tel:	H-A	Tel:	Tel:	
Liability : RMKS:	Liabilit RMKS	1/4 - 1/1	Liability: RMKS:	Liabilit	
	KIVIKS		KWIKS.	KMKS	
Date/ Time	Mar hada	Childre	000 - 10		DAME (DIG
	sun miry-x	5 4 6 6 5	80-4	STAGE Non-Reporting ltr (1st):	DATE / PIC
				Non-Reporting ltr (2nd):	
				Non-Reporting ltr (Final):	
				Notification ltr (if non-pickup):	
				Call OI;	
				After call ltr to OI:	
				Documentation Check List: Hand	ller Typist
				Notification ltr (if non-pickup)	
				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 Instruction:	
				LOD	
DDELIMBUARY AREA	Data/Firms	0 n		Payment Breakdown Form:	
PRELIMINARY ADVICE	Date/Time:	Sent By:		Post-Repair Photos:	
EINALIZATION	D-1-(T)	Confirm with:		Others:	
FINALIZATION  Remain Contr.	Date/Time: S\$ (		Cr.	Confirm by:	Call
Repair Cost: FINAL SETTLEMENT	Date/Time:	days) Reduction: Confirm with	%	Email Cal	
Final Liability:		Assessed) BOLA S/N No. :		If NO or B 28, Ass. Lia:	
Repair Cost:	S\$	i tologod) DOLA DIN NO		110 of D DO, rico, Life .	
Loss of Rental (LOR):	S\$ (	days)			
Loss of Use (LOU):	S\$ (S x	days)			
Loss of Income (LOI):	SS (S x	days)			
LOR only LOU only	LOR + LOU I	OR + LO [Tick only one]			
GIA/LTA Search	S\$				
Medical:	S\$			1) Claim status: Normal/Reject/P	rivate Settle
Disbursement:	S\$	(e.g. Tow/ Independent )		2) Report Format:	
Legal Cost	S\$	20'0 12 '01		3) Survey fee:	
Total:		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:			
Payee 3: (Strike if N.A.)	S\$	Name 3:			

REF: ALG

## ASSIGNMENT

From:	Date: 18-172018	Veh No. SHB 1335 Y	Yr Regn: 26 War 2014		
Estimated Cost:		Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi) Prime Mover /			
OD / P WS / TP RES /	OD RES / EVA / INV / MV	Truck / Trailer or			
To Inspect Vehicle No:	SHB 13357	Make: Toyota Prin	s c.c 1797		
at Workshop m/s	SMRT	Colour Waroon	A/C: Insured / Std / NI / NA		
woodlands		Sp.Reading 573413	T/Radio: Insured / Std / NI / NA		
Insured:		Eng/No:			
Policy No.		CTNO: JTDKN36U	1705737446		
Claims No.		Gen. Cond: Good / Fair / Poor / Burn	ıt .		
Sum Insured:	Excess:	Steering: Inorder / Jammed / Leaked / Burnt or			
(Client's Record)		Brake: Inerder / Jammed / Leaked / Burnt or			
Make of Veh:		Modi: Nil / Strim / STD A/Rim or			
		Tyre Size: F: 195/65R1	5 .		
(Policy Condition)		R: —			
Remark: The veh had co	ommenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /			
repair at the ti	ime of inspection.	TOYO/YOKO or Falken			
Bal. or Market Value:	,*	Front	Rear		
IDAC Accident Rport:	Consistent? : Yes or No	R/Bal. 6 mm	R/Bal. 6 mm		
GIA / PR Seen:	Consistent? ; Yes or No	L/Bal. 6 mm	L/Bal. 6 mm		
Est. Repairs:	days Res.: Yes or No	D.O.A. 15/12/18	D.O.I. 18/12/18		
Lum Sum:	% 3 Val.: Yes or No	Survey held at Sw	rt		
CA / REV / REP.	/ 24 HRS	Des. of Damages : Frt / Rear / O/S	I N/S / U/C / Rooftop or		
	Vehicle: IN / OUT				
	Person Contacted:	The U/C / Chassis frame / Boo	dy Structure affected due to collision.		
Date / Time Action	n / Instruction	•	12/18/2069		
			1,412001		
			SLH 66.58 D		
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	- Comments	)S+RS,SI		
		: Interview (\$	) Photos		
Report Format :		: Tech. Invs (\$	) Cithers		
Lump Sum / I.B.I: (	\$)	: Weekend (\$			
			TOTAL		