15/5/2010		CC 7/AIG18027	W2,	LK ID	K: AC:			
INS. CASE OWNE								
Surveyor:	<u>H</u> J	DOI: ASSIGNM	LIN LINE	Date / Time :	A WW			
Pre-assign / CC	549 (1	69C			(,			
Insured Vehicle	No. :	v [-	Claim No.	:				
Name of Insured			Policy No.	Policy No. :				
Insured Tel No.		HP:	Make / Model	Make / Model :				
Excess Sec II :S		D.O.A: W W 18		Place of Accident :				
Is driver the own		Nature of Accident :		-				
		ratare of recident.	OLGIA PEPO	PT: VES / NO · TP GI/	A REPORT: VES / NO			
	If NO. Driver Name / Age : Driver Tel No.: (V/L: YES / NO.)			OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO Insured Liability : % Final ? Yes / No				
546 41	5ap							
INSRS: WSP: Tel: Liability: RMKS:	INSR WSP: Tel: Liabil RMK	ity:	INSRS: WSP: Tel: Liability: RMKS:		INSRS: WSP: Tel: Liability: RMKS:			
Date/ Time	Table Unit Zamari	(1.1.174)						
	GM YIGAP - X	411916964		STAGE Non-Reporting ltr (1st):	DATE / PIC			
				Non-Reporting ltr (2nd):				
					Non-Reporting ltr (Final):			
				Notification ltr (if non-pic Call OI:	:kup):			
				After call ltr to OI:				
				Documentation Check List: Handler Typist				
				Notification ltr (if non-pic	ckup)			
				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 Instruc	ction:			
				LOD Payment Breakdown F	orm:			
PRELIMINARY ADVIC	E Date/Time:	Sent By:		Post-Repair Photos:	otiii.			
				Others:				
FINALIZATION	Date/Time:	Confirm with:		Confirm by:				
Repair Cost:	S\$ (days) Reduction:	%	Em	ail Call			
FINAL SETTLEMENT	Date/Time:	Confirm with		Email Cal				
Final Liability: Repair Cost:	% (Agreed S\$	/ Assessed) BOLA S/N No. :		If NO or B 28, Ass. Li	a :			
Loss of Rental (LOR):	S\$ (days)						
Loss of Use (LOU):	1	x days)						
Loss of Income (LOI):	S\$ (S :	x days)						
LOR only LOU on		LOR + LO [Tick only on	e]					
GIA/LTA Search	S\$			Constant of the second				
Medical:	S\$	y m		1) Claim status: Norma	al/Reject/Private Settle			
Disbursement:	S\$ S\$	(e.g. Tow/ Independent	()	Report Format: Survey fee:				
Legal Cost Total:	S\$	Global Sum S\$:		J Burvey Ice.				
FINAL PAYMENT	Date/Time:	Confirm with:		Email Cal				
Payee 1:	SS	Name 1:						
Payee 2: (Strike if N.A.)	S\$	Name 2:						
Payee 3: (Strike if N.A.)	SS	Name 3:						

ASSIGNMENT

From:	Date:	Veh No:	SHC 4159			13			
Estimated Cost:		Type: M.Car / M.Cycle / Bus / Van / Lorry / Yaxy Prime Mover /							
OD / TP / WS / TP RES / OD R	ES / EVA / INV / MV	Truck	/ Trailer or						
To Inspect Vehicle No:		Make:	Toyota Pri	ins	c.c (7	37			
at Workshop m/s		Colour	maroon		nsured / Std / I	NI/NA			
of		Sp.Reading 501722 T/Radio: Insured / Std / NI / NA Eng/No:							
Insured:									
Policy No.		Č7No:	JTDKN36	60405706	252				
Claims No.		Gen. Cond: 2001 / Fair / Poor / Burnt							
Sum Insured:	Excess:	Steering: Ipo	Steering: Irorder / Jammed / Leaked / Burnt or						
(Client's Record)		Brake: Ind	order / Jammed / Lea	aked / Burnt or					
Make of Veh:		Modi: Nil / 87Rijn / STD A/Rim or Tyre Size: F: 195 65R15							
(Policy Condition)	*		R: —						
Remark: The veh had comme	enced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /							
repair at the time of	inspection.	TOYO / YO	KO or Fal	ken					
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. 24	1/2/18	D.O.I.	27/12/18				
	% 3 Val.: Yes or No	Survey held at Smrt							
0. / 25/ / 252 / 04	UDO		ages : Frt / Rear /		/ Rooftop or				
CA / REV / REP. / 24	HRS Vehicle: IN / OUT								
Date: Person	Contacted:	The U/C	/ Chassis frame /	Body Structure	affected due to	collision.			
Date / Time Action / Inst	ruction				1 . 1				
			12/18/2103						
				0.					
				26	4169 C				
	-								
Date/Time, File Pass to?	: Preli. Report	Days Of Rep	pair:						
1)	: Final Report	Resurvey N	o. of Trip:	Survey F	ee:				
Date/Time, File Return to?				Transporta	ition:				
2)	Add Fee	: Site	Insp (\$)S+RS	SISI				
		: Inter	view (\$) Photos					
Report Format :		: Tech	n. Invs (\$) Others	2				
Lump Sum / I.B.I: (\$)	. Wee	kend (\$.) .					
				TOTAL					