15/5/2010 INS. CASE OWNER		cc4/11/1	900 0311,	pa3 LKK:		
Surveyor:	Home fre		IGNMENT	Date / Time :		
Pre-assign / CCU /	ETE			Registered in Merimen:	10	
	SHL XO	91 7				
Insured Vehicle No	. :	11 -	Claim No.	:	_	
Name of Insured	:		Policy No.	±		
Insured Tel No.	:	HP:	Make / Model			
Excess Sec II :S\$		D.O.A: - /9	Place of Accid	lent:		
Is driver the owner	(YES / NO)	Nature of Accident :				
	If NO, Driver Name / Age : Driver Tel No. : (V/L: YE			OI GIA REPORT: YES / NO; TP GIA REPORT: YES / NO Insured Liability: % Final? Yes / No		
STH SLOKE	<u> </u>					
INSRS: WSP: Tel: Liability: RMKS:	H H Tel:	ility:	INSRS: WSP: Tel: Liability: RMKS:	INSRS: WSP: Tel: Liability: RMKS:		
Date/ Time						
	SH 81049, X.			STAGE DATE	/ PIC	
	51,0,0,0	1m 120 2082 144	0) 0) 1 10 A 20/10/1	Non-Reporting ltr (1st): Non-Reporting ltr (2nd):		
	24680415-CM	1441 1 10 was 5 100	(424 , 10 1-18/6).	Non-Reporting ltr (Final):		
				Notification ltr (if non-pickup): Call OI:		
				After call ltr to OI:		
					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:	100	
				PIR:		
				Mandate/Reject Instruction:		
				LOD Payment Breakdown Form:		
PRELIMINARY ADVICE	Date/Time:	Sent By:		Post-Repair Photos:		
FRELIMINARI ADVICE	Date/Time.	Sent By.		Others:		
FINALIZATION	Date/Time:	Confirm with:		Confirm by:		
Repair Cost:	S\$ (days) Reduction:	%	Email Call		
FINAL SETTLEMENT	Date/Time:	Confirm with		Email Call		
Final Liability:	% (Agree	ed / Assessed) BOLA S/N No.		If NO or B 28, Ass. Lia:		
Repair Cost:	S\$	Terresia de la constante de la				
Loss of Rental (LOR):	S\$ (days)				
Loss of Use (LOU):	S\$ (\$	x days)				
Loss of Income (LOI):	S\$ (\$	x days)	- 4			
LOR only LOU only	LOR + LOU	LOR + LOI [Tick on	ly one]			
GIA/LTA Search	S\$			1) Claim etatus: Normal/Paiast/Private C	ettle	
Medical:	S\$ S\$	(e.g. Tow/Inden	pendent)	Claim status: Normal/Reject/Private S Report Format:	Citie	
Disbursement: Legal Cost	S\$					
Total:	S\$	Global Sum S\$:		1-7-2-2-2-1	-	
FINAL PAYMENT	Date/Time:	Confirm with:		Email Call		
Payee 1:	S\$	Name 1:				
Payee 2: (Strike if N.A.)	S\$	Name 2:		*		
Payee 3: (Strike if N.A.)	S\$	Name 3:				
a ajoo o (outro ii 15/14)		NAME OF TAXABLE PARTY OF TAXABLE PARTY OF TAXABLE PARTY.	ATTERNATION ASSOCIATIONS AS	COLUMN TRANSPORT OF A SECURE ASSESSMENT AS A SECURE ASSESSMENT ASSESSMENT ASSESSMENT ASSESSMENT ASSESSMENT AS A SECURE AS A		

ASSIGNMENT

Type: Cord M. Cycle / Bus / Van / Lorry / Text / Prince Mover / Truck / Trailer or Tr	From: Date: 07/81/19	Veh No. SLH 8104 >	Yr Regn. 18 Nov 2016		
To impect Vehicle No. S.L.H. \$104.Y at Workshop mis. World Author of No. I. K.W.J. J. J. L.	Estimated Cost:	Type: M.Carl M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /			
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