INS. CASE OWNE	ER: Wang Pet	cc4, Asm 1900	, 0670,	R/fa3	LKK: (72677
	hMb	ASSIGN)1 , ,(,
Surveyor:		DOI:	////	Date / Time : Registered in Meri	imen:	
Pre-assign / CCU	SJA	27380		M	$n \cap D(A)$	(N)
Insured Vehicle N	Claim No.	:	100 0101	VV		
Name of Insured	:		Policy No.			
Insured Tel No.	Make / Model					
Excess Sec II :S\$	Place of Accide					
Is driver the owne	r? (YES / NO)	D.O.A: 4/1/1	1 lace of Accide	ant .		
If NO, Driver Na			OI GIA REPOI	PT: VES / NO · TD	GIA DEDORT, N	TES ANO
Driver Tel No.: (V/L: YES / NO.)			OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO Insured Liability: % Final? Yes / No			
Skm Zos	<u></u>				→	
INSRS: WSP: Tel: Liability:	INSR WSP Tel: Liabi		INSRS: WSP: Tel: Liability:	A	INSRS: WSP: Tel: Liability:	
RMKS:	RMK	1/18	RMKS:		RMKS:	
Date/ Time	Γ					
	2/rw 5020 ->	(STAGE Non-Reporting ltr (1		ATE / PIC
	Mr 27300 X			Non-Reporting ltr (2nd):		
	201111111		HI2	Non-Reporting ltr (F		
	1 =			Notification ltr (if no Call OI:	n-pickup);	
				After call ltr to OI:		
			- 3	Documentation Che	eck List: Handler	Typist
				Notification ltr (if no	n-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 Ins	truction:	
				LOD		
PRELIMINARY ADVICE	Date/Time:	Sent By:		Payment Breakdow		
AUDIMINARI ADVICE	Date Time.	Schi By.		Post-Repair Photos: Others:		-
FINALIZATION	Date/Time:	Confirm with:		Confirm by:		
Repair Cost:	S\$ (days) Reduction:	%		Email Call	
FINAL SETTLEMENT	Date/Time:	Confirm with		Email Call	Zintin Can	
Final Liability:	% (Agreed	/ Assessed) BOLA S/N No. :		If NO or B 28, Ass.	Lia:	
Repair Cost;	S\$			-,		
Loss of Rental (LOR):	S\$ (days)			120	
Loss of Use (LOU):	S\$ (\$ x					
Loss of Income (LOI):	S\$ (\$ x				*	
LOR only LOU only		LOR + LOI [Tick only one]				
GIA/LTA Search	S\$					
Medical: Disbursement;				1) Claim status: Normal/Reject/Private Settle		
Disbursement: Legal Cost	S\$ S\$	(e.g. Tow/ Independent		2) Report Format:		
Fotal:	S\$	Global Sum S\$:]	3) Survey fee:		
FINAL PAYMENT	Date/Time:	Confirm with:		Email Cur		
Payee 1:	S\$	Name 1:		Email Call_		
Payee 2: (Strike if N.A.)	S\$	Name 2:	- 10	*		
Payce 3: (Strike I N.A.)	S\$	Name 3:				

REF:

ASS	IGNMENT
Estimated Cost: OD / P / WS / TP RES / OD RES / EVA / INV / MV	Veh No. Skm 2050T Yr Regn: 2014 / Spot Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or
To Inspect Vehicle No: Skm 2650 T at Workshop m/s Awro m HEALS of HS, TOH hum to For #04-142 Insured: AXA Policy No. Claims No. Sum Insured: Excess: (Client's Record)	Make: McCcoco 1802 Coo c.c 1796 Colour GRM A/C: Insured / Std / NI / NA Sp.Reading 63641 T/Radio: Insured / Std / NI / NA Eng/No: CYNo: NOD 2640482A901822 Gen. Cond: Good / Fair / Poor / Burnt Steering: Irorder / Jammed / Leaked / Burnt or Brake: Irorder / Jammed / Leaked / Burnt or
Make of Veh: (Policy Condition) Remark: The veh had commenced its repair at the time of inspection. Bal. or Market Value:	Modi: Nil / Rim / STD A/Rim or Tyre Size: F: 275/45ZRI7 R: 4 BS / DUN / EXNOVA / GY / FS / LIZA / MIG OHTSU / PIR / SUMI / TOYO / YOKO or
IDAC Accident Rport: Consistent? : Yes or No GIA / PR Seen: Consistent? : Yes or No Est. Repairs: days Res.: Yes or No Lum Sum: % 3 Val.: Yes or No CA / REV / REP. / 24 HRS VV Date: Person Contacted:	R/Bal. mm R/Bal. mm L/Bal. mm L/Bal. mm L/Bal. mm D.O.A. 69/61/19 D.O.I. [1/01/19] Survey held at
Date / Time Action / Instruction	The U/C / Chassis frame / Body Structure affected due to collision.
	ays Of Repair:
: Final Report Date/Time, File Return to? Add Fee: Report Format: Lump Sum / I.B.I: (\$	Survey No. of Trip: Survey Fee: