15/5/2010 INS. CASE OWNER:		cc 3, Mh 1900	0718,	A pa3 LKK: IDAC:	
INS. CASE OWNER.	1. 1	ASSIGNM	TENT	1 1 1 . 0	
Surveyor:	Wh	DOI:	11/19	Date / Time : Registered in Merimen:	19
Pre-assign / CCU /	FTE SWEL	147R			By
Insured Vehicle No.	:	, () [Claim No.	:	NX
Name of Insured			Policy No.		
2_0					
Insured Tel No.	;	HP:	Make / Model	•	
Excess Sec II :S\$		D.O.A: (1)(1)	Place of Accide	nt:	
Is driver the owner?	(YES / NO)	Nature of Accident :			
If NO , Driver Nam Driver Tel N		(V/L: YES / NO)	OI GIA REPOR Insured Liability	T: YES / NO; TP GIA REPORT: YES / NO y: % Final? Yes / No	
Smc 1144	5				
INSRS: WSP: Tel: Liability: RMKS:	INSRS: WSP: Tel: Liability RMKS:		INSRS: WSP: Tel: Liability: RMKS:	INSRS: WSP: Tel: Liability: RMKS:	
Date/ Time					
	Concusque x.	SAME BLYZ R.	ζ	STAGE DATE/PI	C
	Just 1 1 2 4 1	1.001911		Non-Reporting ltr (1st): Non-Reporting ltr (2nd):	
				Non-Reporting ltr (Final):	
				Notification ltr (if non-pickup):	
				Call OI:	
				After call ltr to OI:	
				Documentation Check List: Handler Typi	st
				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:	7.6
				PIR:	
				Mandate/Reject Instruction:	
				LOD	
				Payment Breakdown Form:	
PRELIMINARY ADVICE	Date/Time:	Sent 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	
Final Liability:	% (Agreed)	Assessed) BOLA S/N No.:		If NO or B 28, Ass. Lia:	
Repair Cost:	S\$	arriam artis tari			-
Loss of Rental (LOR):	S\$ (days)	- 00	16.5	
Loss of Use (LOU):	S\$ (\$ x	days)		H	
Loss of Income (LOI):	S\$ (\$ x	days) OR + LOI [Tick only one	al		
LOR only LOU only		OK TLOI LICK OHLY ON	-		
GIA/LTA Search	S\$			1) Claim status: Normal/Reject/Private Settle	e
Medical:	S\$ S\$	(e.g. Tow/ Independe	nt)	2) Report Format:	
Disbursement: Legal Cost	S\$	(wigh a contract parties		3) Survey fee:	
Total:	S\$	Global Sum S\$:			
FINAL PAYMENT	Date/Time:	Confirm with:		Email Call	
Payee 1:	S\$	Name 1:	4	* ************************************	
Payee 1: Payee 2: (Strike if N.A.)	S\$	Name 2:			
Payee 3: (Strike if N.A.)	S\$	Name 3:			
ajoo J. (Duino II 14.174.)	1-4				

ASSIGNMENT

From. Date: 17/01/19	Veh No. SMC11445 Yr Regn. 2018 The.					
Estimated Cost:	Type: M Car M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /					
OD TP WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or					
To Inspect Vehicle No: SMC 1144 S	Make: Audi A3 Sedan. c.c 999					
at Workshop m/s Premium	Colour While. A/C: Insured / Std / NI / NA					
of subird!	Sp.Reading 8983 T/Radio: Insured / Std / NI / NA					
Insured	Eng/No:					
Policy No.	CINO: WAUZZZSV9J063253.					
Claims No.	Gen. Cond: 60 xt / Fair / Poor / Burnt					
Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or					
(Client's Record)	Brake: In Oder / Jammed / Leaked / Burnt or					
Make of Veh: 10 am	Modi: Nil / S/Fon / STD A/Rim or					
	Tyre Size: F: 205/55 R/6					
(Policy Condition)	R: 205/55RG					
	ESY DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /					
repair at the time of inspection.	TOYO / YOKO or					
Bal, or Market Value:	<u>Front</u> <u>Rear</u>					
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 06 mm R/Bal. 36 mm					
GIA / PR Seen: Consistent? : Yes or No	Lodi.					
Est. Repairs: days Res.: Yes or No	D.O.A. D.O.I. 17/01/19.					
Lum Sum: % 3 Val.: Yes or No	Survey held at Cremium.					
CA / REV / REP. / 24 HRS	Des. of Damages ; Frt / Rear / O/S / N/S / U/C / Rooftop or					
Date: Person Contacted: Vehicle: IN / OUT	The U/C / Chassis frame / Body Structure affected due to collision.					
Date / Time Action / Instruction						
TP ALG.						
Date/Time, File Pass to? : Preli. Report Days Of Repair:						
: Final Report Resurvey No. of Trip: Survey Fee:						
Date/Time, File Return to?	Transportation					
Add Fee	: Site Insp (\$)_s+Rs_st					
	Interview (\$) Photos					
Report Format :	Tech Invs (\$) Others					
Lump Sum / I.B.I: (\$	Weekend (\$					
	TOTAL					