15/5/2010	Wany Retor	CC 4, ASM 19	00 1166,	N 103	LKK: 94176
INS. CASE OWNER:	Nuz		GNMENT	Distriction	17/07/2019
Surveyor:	1/0.2		8 (M/ C)	Date / Time : Registered in Merin	nen:
Pre-assign / CCU /	FTE	1111.44			
Insured Vehicle No.	? TC	1445K	Claim No.	: / fr	no180Q
Name of Insured	. Faul Gra	y Creative	Policy No.		(10)
		4		. —	
Insured Tel No.		HP: 27/10/18	Make / Model		
Excess Sec II :S\$	-	D.O.A: 13 /12/18	Place of Accide	ent:	
Is driver the owner?	(YES / NO)	Nature of Accident :			
If NO, Driver Nam Driver Tel N		(V/L: YES / NO)	OI GIA REPO		GIA REPORT: YES / NO Final? Yes / No
585 6522	<u> </u>				→
INSRS: WSP: Tel: Liabilit SOON F	E &	y:	INSRS: WSP: Tel: Liability: RMKS:		INSRS: WSP: Tel: Liability: RMKS:
Date/ TiBODYV	VORK		20/12	16	
MAINTE	NANCE	AM by were Ed HA	W6392:00A	STAGE	DATE / PIC
	CA ALLIA CIC M	(((0) 1)		Non-Reporting ltr (1s Non-Reporting ltr (2r	
	SLCH HOK-X			Non-Reporting ltr (Final):	
				Notification ltr (if not Call OI:	n-pickup):
				After call ltr to OI:	
				Documentation Che	ck 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 Payment Breakdow	n 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:		Assessed) BOLA S/N No.:		If NO or B 28, Ass.	Lia:
Repair Cost:	S\$				
Loss of Rental (LOR):	S\$ (\$ x	days)			100
Loss of Use (LOU): Loss of Income (LOI):		days)			
LOR only LOU only		days) OR + LOI [Tick only	onel		
GIA/LTA Search	S\$	[11ck only	onej		
Medical:	S\$			1) Claim status: No	rmal/Reject/Private Settle
Disbursement:	S\$	(e.g. Tow/ Indepen	ndent)	2) Report Format:	
Legal Cost	S\$	(s.g. 2011 Hacper		3) Survey fee:	
Total:	SS .	Global Sum S\$:			
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:			

Lump Sum / I.B.I: (\$

KEF: HSM(C	HXH)	•
Euronoc ;	ASSIGNMENT	
Estimated Cost. OD (TP) WS / TP RES / OD RES / EVA / INV / MV To Inspect Vehicle No: S8S 6522Y at Workshop m/s Go Ahrad. Of 2 Loyang Way Insured Policy No.	Veh No. 588 6522 Y Type: M.Car / M.Cycle / Rus) Van / Lor Truck / Trailer or Make: MESCEDES CHALC Colour GREEN Sp.Reading 23 1,539 Eng/No: C7No: WES 62808	c.c 6,374 A/C: Insured Std / NI / NA T/Radio Insured LStd / NI / NA
Claims No.	Gen. Cond: Good (Fair / Poor / Burnt	
Sum Insured: Excess: (Client's Record) Make of Veh: Paul - 9003 6715 (Policy Condition) Remark: The veh had commenced its repair at the time of inspection. Bal. or Market Value: IDAC Accident Rport: Consistent?: Yes or No GIA / PR Seen: Consistent?: Yes or No Est. Repairs: 5 days Res.: Yes or No Lum Sum: % 3 Val.: Yes or No CA / REV / REP. / 24 HRS Date: Person Contacted:	Des. of Damages ; Frt / Rear / O/S /	Burnt or //O R22-5 MICIOHTSUIPIRISUMII TINENTAL Rear R/Ball 6 mm L/Ball 6 mm DIO.I. (8/1/19) TO LOYANG I N/S I U/C I Rooftop or
Date / Time Action / Instruction	The ord / chasts hame / worly	010
Date/Time, File Pass to? Prefit Report	Days Of Repair:	AXA II M
. Frem Report	Days Of Repair:, Resurvey No. of Trip:	Survey Fee:
1) : Final Report Date/Time, File Return to?	Resulvey No. of Trip.	Transportation
	dd Fee: Site Insp (\$)S+RSSI
	: Interview. (\$) Photos
Report Format :	Tech Inys (\$) Others

Weekend 1\$

TOTAL