INS. CASE OWNER		cc3 / CTI 1900	1815	LKK:		
Surveyor:	CHJ	DOI: ASSIGNM	MENT	te/Time:	119	
			Re	gistered in Merimen:		
Pre-assign / CCU	/FTE / nll	112100				
Insured Vehicle No	CURH.	4718 C	Claim No. :			
	· -					
Name of Insured	:		Policy No. :			
Insured Tel No.	el No. : HP: Make / Mode		Make / Model :			
Excess Sec II :S\$	Sec II:SS D.O.A: 15 07 10 Place of Acc		Place of Accident:	ent:		
Is driver the owner	? ( YES / NO )	Nature of Accident :				
If NO, Driver Name / Age:		190	OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO			
Driver Tel 1	Driver Tel No.: (V/L: YES / NO)		Insured Liability: % Final? Yes/No			
(Kc 2/2)	n .					
2614 202	<u>U</u> —		-	$ \longrightarrow$ $-$		
INSRS: WSP: Tel: Liability: RMKS:	INSRS WSP: Tel: Liabili RMKS	ity:	INSRS: WSP: Tel: Liability: RMKS:	INSR WSP: Tel: Liabil RMK	lity:	
Date/ Time		at and to	1 1 1			
	CAPSIND - CUTING	m1800 tuos (2mp 3 -		AGE	DATE / PIC	
	-u3/m	16 160 108 2 Klay 105		n-Reporting ltr (1st): n-Reporting ltr (2nd):		
	GBH 448(-:	V		n-Reporting ltr (Final):		
	SIDN 1.00 C.	^		tification ltr (if non-pickup):		
				ll OI: er call ltr to OI:		
				cumentation Check List: Ha	andler Typist	
			No	tification ltr (if non-pickup)		
			Aft	er call ltr to OI:		
				thorisation To Act:		
				ease Voucher:		
				al Repair Bill:		
				wing Invoice:		
				A / GIA :		
				dical Bill:	100	
			PIR	1.		
			Ma	andate/Reject Instruction:		
			LO			
	D . m:	6 . 5	The state of the s	yment Breakdown Form:		
PRELIMINARY ADVICE	Date/Time:	Sent By:		st-Repair Photos:		
FINALIZATION	Date/Time:	Confirm with:	The second second second second second	onfirm by:		
Repair Cost:	S\$ (	days) Reduction:	%	Email	Call	
FINAL SETTLEMENT	Date/Time:	Confirm with	Em	The same of the sa		
Final Liability:	% (Agreed	/ Assessed) BOLA S/N No. :		NO or B 28, Ass. Lia:		
Repair Cost:	S\$					
Loss of Rental (LOR):	S\$ (	days)		54.47		
Loss of Use (LOU):	S\$ (\$ x		-			
Loss of Income (LOI):  LOR only LOU only	S\$ (\$ x	days)  OR + LOI [Tick only one]				
GIA/LTA Search	S\$	[TICK OILY OILE]				
Medical:	S\$		1)	Claim status: Normal/Reject/	/Private Settle	
Disbursement:	S\$	(e.g. Tow/ Independent		Report Format:		
Legal Cost	S\$		3)	Survey fee:		
Total:	SS .	Global Sum S\$:				
FINAL PAYMENT	Date/Time:	Confirm with:	Em	nail Call		
Payee 1:	S\$	Name 1:		¥		
Payee 2: (Strike if N.A.) Payee 3: (Strike if N.A.)	S\$ S\$	Name 2: Name 3:	` `			
a a co J. (Suike ii N.A.)	Dip	Litatio J.				

ASSIGNMENT

From	Date: 25/01/2019	Ven No SHF 362D	Yr Regn. 14 Dec 2017	
Estimated Cost		Type: M.Car / M.Cycle / Bus / Van / Lo	orry (Jax) / Prime Mover /	
OD TP WS/TP RES/C	OD RES / EVA / INV / MV	Truck / Trailer or		
To Inspect Vehicle No:	SHF 362D	Make: Toyota Prins	0.0 1797	
		Make: Toyota Prins Golour Maroon	A/C: Insured / Std / NI / NA	
of W	voudlends Seport	Sp.Reading (38066	T/Radio: Insured / Std / NI / NA	
Insured		Eng/No:		
Policy No.		CINO: JTDKB3FU	603576608	
Claims No.		Gen. Cond: Good / Fair / Poor / Burnt		
. Sum Insured:	Excess:	Steering: Inorder / Jammed / Leaked	/ Burnt or	
(Client's Record)		Brake: Inorder / Jammed / Leaked	/ Burnt or	
Make of Veh:		Modi: Nil / SRM / STD A/Rim o	r .	
		Tyre Size: F: 195/65 R 15		
(Policy Condition)		R: -		
Remark: The veh had co	mmenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA	/ MIC / OHTSU / PIR / SUMI /	
	ne of inspection.	TOYO/YOKO or Westle	ake	
Bal. or Market Value:	X	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. 23/1/19	D.O.I. 25/1/19	
Lum Sum:	% 3 Val.: Yes or No	Survey held at Sur+		
	1 24 HRS UP,	Des. of Damages : Frt / Rear / O/S	/ N/S / U/C / Rooftop or	
CA / REV / REP.	/ 24 HRS **  Vehicle: IN / OU*			
Date: P	erson Contacted:	The U/C / Chassis frame / Boo	dy Structure affected due to collision.	
Date / Time   Action	/ Instruction		01/19/2112	
			0(/1//2/12	
			GBH4268C	
Date/Time, File Pass to?	Preli. Report	Days Of Repair:		
1)	: Final Report	Resurvey No. of Trip:	Survey Fee:	
Date/Time, File Return to?			Transportation	
2)	Add Fe	Principles of the Paris of the	1)S+R\$SI	
		Interview (\$	) Photos	
Report Format :		Tech lays (\$	) Others	
Lump Sum / I.B.I: (	\$	Weekend (\$	•	
			TOTAL .	