15/5/2010		1	11000	LLL - h LKK:		
INS. CASE OWNER	C	C) /AXA1600	1700	Khy DAC:		
		ASSIGNM	ENT			
Surveyor:	Kenneth	DOI: D3 K	10-	Date / Time : 33 /5/16		
our reyor.			,	Registered in Merimen:		
Pre-assign / CCU	/ FTE			Registered in Westmen.		
	Croal	Q1 n				
Insured Vehicle No	o : OKKTO	86 h	Claim No.			
Name of Insured			Policy No.			
Harmad Tal No.						
Insured Tel No.		ZAFTIL	Make / Model			
Excess Sec II :S\$		1: 20/5/16	Place of Accid	ent :		
Is driver the owner	? (YES / NO) Natus	e of Accident				
If NO, Driver Nan	ne / Age :		OI GIA REPO	RT: YES / NO ; TP GIA REPORT:	YES NO	
Driver Tel	No.:	(V/L: YES / NO)	Insured Liabili	ty: % Final? Yes/	No	
SUDGO	BIB.			120		
0.8 (1) 10	MPD					
INSRS:	INSRS:		INSRS:	INSRS:		
WSP:	WSP:		WSP:	WSP:		
Tel: WOM	- Cab A Tel:	HH	Tel:	H Tel:	o =	
Liability:	Liability:		Liability:	Liability	2	
RMKS:	RMKS:		RMKS:	RMKS:		
Date/ Time	0					
	MDOGUEB-X			Control of the contro	DATE / PIC	
	SKK 16804-0X			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: Handl	ler Typist	
				Notification ltr (if non-pickup)		
79				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 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\$ (da	ys) Reduction:	%	EmailC	all	
FINAL SETTLEMENT	Date/Time: Confi	rm with		Email Call		
Final Liability:		sed) BOLA S/N No.:		If NO or B 28, Ass. Lia:		
Repair Cost:	S\$					
Loss of Rental (LOR):		ys)				
Loss of Use (LOU):		ays)				
Loss of Income (LOI):		ays)				
LOR only LOU only		OI [Tick only one]				
GIA/LTA Search	S\$					
Medical:	S\$			1) Claim status: Normal/Reject/Pri	vate Settle	
Disbursement:	S\$	(e.g. Tow/ Independent)	10	2) Report Format:		
Legal Cost	S\$	10.00		3) Survey fee:		
Total:	SS Glob	al Sum SS:				

S\$

SS

SS

FINAL PAYMENT

Payee 2: (Strike if N.A.) Payee 3: (Strike if N.A.)

Payee 1:

Date/Time:

Confirm with:

Name 1: Name 2:

Name 3:

Email

Call

REF: A	8			
ASS. REC. BY:				
enneth ASS	IGNMENT			
From: Date:	Veh No: \$140 999613 Yr Regn: 061 19			
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:	1 -1			
at Workshop m/s Trans Cab	1 011011 0011 0000			
of	Colour M. White I Red A/C: Insured / Std / NI / NA			
Insured:	Sp.Reading / # 45 & T/Radio: Insured / Std / NI / NA			
Policy No.	Eng/No:			
	CINO: VIFIABL 15AUC 27813			
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 / S/Rim / STD A/Rim or			
	Tyre Size: F: 213/60R16			
(Policy Condition)	. R:			
Remark: The veh had commenced its N/S O/S repair at the time of inspection.	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /			
personal Land	TOYO/YOKO or Kallken			
Bal. or Market Value:	Front Rear			
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. / mm R/Bal. / mm			
GIA / PR Seen: Consistent? : Yes or No	L/Bal. 7 mm L/Bal. 7 mm			
Est. Repairs: O3 days Res.: Yes or No	D.O.A. 2015/16 D.O.I. 23/5/16			
.um Sum: 1-B. /% 3 Val.: Yes or No	Survey held at			
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or			
Vehicle: IN / OUT Date: Person Contacted:	NIS Rea beety			
10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -	The U/C / Chassis frame / Body Structure affected due to collision			
Date / Time Action / Instruction 24/5 8 4 5 4 3 . 92 fam				
4 File pass to Cotheine				
The first to Column				
	480 7 7			
- p. r.m. (Lenn-3 m W.C.)	and the second s			
ate/Time, File Pass to? : Preli. Report	Days Of Repair:			
Date/Time, File Return to?				
Add Fee:	: Site Insp (\$) _s+Rs_si			
Report Format :	H			
ump Sum / I.B.I: (\$				
)	: Weekend (\$			
	TOTAL			