15/5/201	10		CC 3/AIG1900	1122 1	Alah LIK	KK: AC:	
INS.	CASE OWNER:				, ( • ,	AC.	
Surv	eyor:	HJ.	DOI: ASSIG	EXIMENT	Date / Time : 1	1/2/14	
Insur Nam Insu	red Vehicle No. the of Insured red Tel No. tess Sec II :SS	YL 7	HP:	Claim No. Policy No. Make / Model Place of Accid	:		
	O, Driver Name		) Nature of Accident : (V/L: YES / NO )	OI GIA REPO Insured Liabili	RT: YES / NO ; TP GI	A REPORT: YES	/ NO
-(	6 5855						
WS Tel Liah	RS: P:		NSRS: WSP: Tel: Liability:	INSRS: WSP: Tel: Liability: RMKS:		INSRS: WSP: Tel: Liability: RMKS:	
Date	/ Time	N/ CARE	.// 6	MANUE	STAGE	DATE	E/PIC
PRELIMIN	ARY ADVICE	Date/Time:	Sent By:		Non-Reporting ltr (1st): Non-Reporting ltr (2nd) Non-Reporting ltr (Final) Non-Reporting ltr (Final) Notification ltr (if non-p Call OI: After call ltr to OI: Documentation Check Notification ltr (if non-p 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 Instr LOD Payment Breakdown Post-Repair Photos:	: (1): (1): (1): (1): (1): (1): (1): (1)	Cypist
					Others:		
FINALIZAT	TION	Date/Time:	Confirm with: ( days) Reduction:	%	Confirm by:	Email Call	
Repair Cost: FINAL SET	TIEMENT	S\$ Date/Time:	Confirm with	10	Email Cal		
Final Liabilit			greed / Assessed) BOLA S/N No. :		If NO or B 28, Ass.	Lia:	
Repair Cost:		S\$					
Loss of Renta	al (LOR):	S\$	( days)				
Loss of Use		S\$ (\$	x days)				
Loss of Incor	_	S\$ (\$	x days)	alv anal			
LOR only	LOU only	LOR + LOU	LOR + LO Tick on	ny onej			
GIA/LTA Se	arch	S\$			1) Claim status: Nor	mal/Reject/Private	Settle
Medical:		S\$	(e.g. Tow/ Indepo	endent )	2) Report Format:		
Disbursemer	nt:	S\$ S\$	(e.g. 10w/ indepe	circuit )	3) Survey fee:		
Legal Cost Total:		S\$	Global Sum S\$:				
FINAL PA	YMENT	Date/Time:	Confirm with:		Email Cal		

S\$

S\$

S\$

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

Name 1:

Name 2: Name 3:

REF: Ala

ASSIGNMENT

	Veh No. SG 5855 E Yr Regn. 27 Dec 2017
rom. Date.	Type: M.Car / M.Cycle / Busy Van / Lorry / Taxi / Prime Mover /
Stilllated Cost.	Truck / Trailer or
DD / TP / WS / TP RES / OD RES / EVA / INV / MV	200
o Inspect Vehicle No:	Ividito.
at Workshop m/s	Colour multi Colour
of	Sp. Reading 86 80%
nsured.	Eng/No:
Policy No.	CINO: WMAA95 ZZ 46700 3528
Claims No.	Gen. Cond: 200 / Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: prorder / Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil / SIRIn / STD A/Rim or
	Tyre Size: F: 275/70 R22.5
(Policy Condition)	R:
Remark: The veh had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO/YOKO or Fire nza
Bal. or Market Value:	<u>Front</u> <u>Rear</u>
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 7 mm R/Bal. 7 mm
GIA / PR Seen: Consistent?: Yes or No	L/Bal. 7 mm , L/Bal. 7 mm
Est. Repairs: days Res.: Yes or No	D.O.A. 30/1/19 D.O.I. 31/1/19
Lum Sum: % 3 Val.: Yes or No	Survey held at Swrt
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Real / O/S / U/C / Rooftop or
Vehicle: IN / OUT  Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time   Action / Instruction	
Date / Time Action / Instruction	
Date/Time, File Pass to? : Preli. Report	Days Of Repair:
: Final Report	Resurvey No. of Trip: Survey Fee:
Date/Time, File Return to?	Transportation
Date/Time, File Return to?	Tránsportation
Date/Time, File Return to?	Tránsportation
Date/Time. File Return to?	Transportation:  e:: Site Insp (\$