INS. CASE OWNER		CC 3, RQ1, 9	00 2143,	Ma's LKK:	
Surveyor:	0190	ASSIGN DOI:	MENT 19	Date/Time: 31/119	
Pre-assign / CCU Insured Vehicle No Name of Insured Insured Tel No. Excess Sec II :SS Is driver the owner	(YES / NO)	HP:	Claim No. Policy No. Make / Model Place of Accide		
If NO, Driver Nam Driver Tel 1		(V/L: YES / NÕį)	OI GIA REPOF	RT: YES / NO ; TP GIA REPORT: YES y: % Final? Yes / No	/ NO .
Liability: RMKS:	INSRS WSP: Tel: Liabilii RMKS	ty:	INSRS: WSP: Tel: Liability: RMKS:	INSRS: WSP: Tel: Liability: RMKS:	
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	626 3780 C. X	1 0180 11/1490	16/4/18	Non-Reporting Itr (1st): Non-Reporting Itr (2nd): Non-Reporting Itr (Final): Notification Itr (if non-pickup): Call OI:	
	* ************************************			After call ltr to OI:	
	9			Documentation Check List: Handler Notification ltr (if non-pickup)	Typist
			W 50	After call ltr to OI:	
				Authorisation To Act:	
	a a	1 1		Final Repair Bill:	
				Car Rental Invoice:	
				Towing Invoice	
				LTA/GIA:	
				Medical Bill:	1,000
				PIR:	2 - 5-/30.
				Mandate/Reject Instruction:	
				LOD	
PRELIMINARY ADVICE	Deta/Ti			Payment Breakdown Form:	
TROUBLING ADVICE	Date/Time:	Sent By:		Post-Repair Photos:	
FINALIZATION	Date/Time:			Others:	
Repair Cost:	S\$ (Confirm with:		Confirm by:	18.2
FINAL SETTLEMENT	Date/Time:	days) Reduction: Confirm with	%	Email Call	
Final Liability:	Two sections are a section and a section are a section and a section are			Email Call	3
Repair Cost:	S\$ (Agreed)	/ Assessed) BOLA S/N No. :		If NO or B 28, Ass. Lia:	
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Loss of Use (LOU):	S\$ (\$ x	days)			
Loss of Income (LOI):	S\$ -(\$ x				
LOR only LOU only		OR + LOI Tick only one	al a		
GIA/LTA Search	S\$	Litek only one			
Medical:	SS			1) Claim atoma: Name 1/7 -1 - 1/7 1	
Disbursement:	S\$	(e.g. Tow/ Independen	nt)	Claim status: Normal/Reject/Private S Report Format:	ettle
Legal Cost	SS	(o.B. 104) machenae		3) Survey fee:	
Total:	SS	Global Sum SS:		107 out voj 100.	
FINAL PAYMENT	Date/Time:	Confirm with:		Email Call	
Payee 1:	S\$	Name 1:		Call	
Payee 2: (Strike if N.A.)	SS	Name 2:			
Payee 3: (Strike if N.A.)	S\$	Name 3:	,		
		The same state of the same sta	**************************************	W. C.	

A5SIGNMENT

Truck / Trailer or to Inspect Vehicle No: Livinkshop m/s Livinkshop m/s Livinkshop m/s Livinkshop m/s Livinkshop m/s Local Prius Colour Make: Livinkshop m/s Sp. Reading 382.09 Linginko: Cho: JTP kN36 U 905 TiRadio: Insured / Std / Ni / Na Sp. Reading 382.09 Linginko: Cho: JTP kN36 U 905 TiRadio: Insured / Std / Ni / Na Sp. Reading 382.09 Linginko: Cho: JTP kN36 U 905 TiRadio: Insured / Std / Ni / Na Sp. Reading 382.09 Linginko: Cho: JTP kN36 U 905 Tiradio: Insured / Std / Ni / Na Sp. Reading 382.09 Linginko: Cho: JTP kN36 U 905 Tiradio: Insured / Std / Ni / Na Sp. Reading 382.09 Linginko: Cho: JTP kN36 U 905 Tiradio: Insured / Std / Ni / Na Sp. Reading 382.09 Linginko: Cho: JTP kN36 U 905 Tiradio: Insured / Std / Ni / Na Sp. Reading 382.09 Linginko: Cho: JTP kN36 U 905 Tiradio: Insured / Std / Ni / Na Sp. Reading 382.09 Steering: Insured / Leaked / Burnt or Modi: Nii / Steering: Insured / Leaked / Burnt or Not	From: Date:	Veh No. SHC 4756 R Yr Regn. (Apr. 2016			
Make Tayor Prius Cc (797 Colour Wavoon A/C Insured / Std / NI / NA	Estimated Cost:	Type: M.Car / M.Cycle / Bus / Van / Lorry / (Tax) / Prime Mover /			
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Gen. Cond. Good / Fair / Poor / Burnt Steering: Imper / Jammed / Leaked / Burnt or Brake: Incode / Jammed / Leaked / Burnt or Brake: Incode / Jammed / Leaked / Burnt or Modi: Nil / StBih / STD ARRim or Tyre Size: F: [45 / 65 R 15 R: BS / DUNI / EXNOVA / GY / FS / LiZA / MIC / OHTSU / PIR / SUMI / TYO / YOKO or Chilles Front Ribat days Res: Yes or No DAG A coolent Rport: Consistent? : Yes or No DAG A Repairs: days Res: Yes or No State / PR Seen: Consistent? : Yes or No DATE / Time Action / Instruction Date / Time Action / Instruction Consistent Ribat Days of Repair: Person Contacted: In / Out The U/C / Chassis frame / Body Structure affected due to collision. Other files: Final Report Days of Repair: Resurvey No. of Trip: Survey Fee. Transportation Add Fee: Site Insp. (\$) Pictos Tech Invs (\$) Pictos Tech Invs (\$) Ohers . Weekend I\$	Insured	Eng/No:			
Gen. Cond. Good / Fair / Poor / Burnt Steering. Incoder / Jammed / Leaked / Burnt or Brake: Incoder / Jammed / Leaked / Burnt or Modi: Nil / \$Condition / Semank: The veh had commenced its repair at the time of inspection. Semank: The veh had commenced its repair at the time of inspection. Semank: The veh had commenced its repair at the time of inspection. Sat or Market Value: DAC Acodent Rport: Consistent? : Yes or No SIA / PR Seen: Consistent? : Yes or No DAL / PR Seen: Gays Res.: Yes or No SIA / PR Seen: Gays Res.: Yes or No SIA / REV / REP. / 24 HRS Date: Person Contacted: Date / Time	Policy No.	CTNO: JTD KN36 6905 767760			
Steering: Immor / Jammed / Leaked / Burnt or Brake: Incode / Jammed / Leaked / Burnt or Brake: Incode / Jammed / Leaked / Burnt or Modi: Nil / \$KRih / \$TD A/Rim or Tyre Size: F: [45/65/R.15] Remark: The veh had commenced its repair at the time of inspection. Sail or Market Value: DAC Acordent Rport: Consistent? : Yes or No SiA / PR Seen: Consistent? : Yes or No DALE: Person Contacted: N/OUT Date / Time	Claims No.	Gen. Cond: Good / Fair / Poor / Burnt			
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Modi: Nil / S(R) n / STD A/Rim or Tyre Size: F: (95/65/R)5 R: BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Ch Qc Eront R/Bal. 6 mm R/Bal. 7 mm R/Bal. 8 mm R/Bal. 8 mm R/Bal. 8 mm R/Bal. 9 mm R/Bal.		Brake: Inorder / Jammed / Leaked / Burnt or			
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