15/5/2010	Sawy Ng	CC4/ ASM 1900	3964,	U ja3 LKK	1010/1/1	
INS. CASE OWNER	4	ASSIGNM	IENT		1	
	INA AMENS	4 - 1	O.		413/2019	
Surveyor:	104/1627	DOI:	4	Date / Time :	- (10/101)	
Pre-assign / CCU	/ FTE			Registered in Merimen:	· · · · ·	
	(1) 2	6035		(1 0)	molfet	
Insured Vehicle No	Insured Vehicle No. : SVL VV S Claim No.			:		
Name of Insured	: ICHIEC HO	or chillen	Policy No.	:		
Insured Tel No.		HP:	Make / Model	:		
Excess Sec II :SS		D.O.A: 1319	Place of Accid	ent :		
Is driver the owner	? (YES / NO )	Nature of Accident :	1100 01 110010	ont .		
		Nature of Accident .				
If NO, Driver Name / Age : Driver Tel No. :		(V/L: YES / NO ) Insured Liabil		ORT: YES / NO; TP GIA REPORT: YES / NO ity: % Final? Yes / No		
515 7052						
			-			
INSRS: WSP: \	INSRS: WSP:		INSRS: WSP:		INSRS:	
A Tel: Com (	WSP:		Tel:		WSP: Tel:	
Liability:	Liabilit	y:	Liability:	R_9	Liability:	
RMKS:	RMKS		RMKS:		RMKS:	
Date/ Time						
	SLS +052L - X;			STAGE	DATE / PIC	
	1011.7620 Ulham	1903869/1Ccd3 : Dr	A-1319	Non-Reporting ltr (1st):		
2	300 0073 . 3611811	(10) 100 ( 1000)	al correlat	Non-Reporting ltr (2nd): Non-Reporting ltr (Final):		
				Notification ltr (if non-pick	up):	
				Call OI:		
				After call ltr to OI:		
				Documentation Check Lis	st: Handler Typist	
				Notification ltr (if non-pick	up)	
				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	on:	
				LOD Payment Breakdown For	m:	
PRELIMINARY ADVICE	Date/Time:	Sent By:		Post-Repair Photos:		
		- mi w j i		Others:		
FINALIZATION	Date/Time:	Confirm with:		Confirm by:		
Repair Cost:	S\$ (	days) Reduction:	%	Email	Call Call	
FINAL SETTLEMENT	Date/Time:	Confirm with		Email Call		
Final Liability:	% (Agreed /	Assessed) BOLA S/N No.:		If NO or B 28, Ass. Lia:		
Repair Cost:	S\$					
Loss of Rental (LOR):	S\$ (	days)				
Loss of Use (LOU):	S\$ (\$ x	days)				
Loss of Income (LOI):	S\$ (\$ x	days)				
LOR only LOU only		OR + LOI [Tick only one]				
GIA/LTA Search	S\$			1) Claim status: Name 17	Reject/Privata Cattle	
Medical:	S\$ S\$ (e.g. Tow/ Independent )			Claim status: Normal/Reject/Private Settle     Report Format:		
Disbursement:	S\$ S\$	(e.g. 10w/ independent	,	3) Survey fee:		
Legal Cost Total:	SS	Global Sum S\$:		1-,5		
FINAL PAYMENT	Date/Time:	Confirm with:		Email Call		
	S\$	Name 1:				
Payee 1:	S\$	Name 1:		*		
Payee 2: (Strike if N.A.)	S\$	Name 3:				

ASS. REC. BY: MCrcus	SSIGNMENT			
	C1 C7000/ /8 08			
From: Date:	Veh No: Yr Regn: 0 / 7/ Typey M.Carl M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /			
Estimated Cost:	Truck / Trailer or A			
ODD TP WS TP RES OD RES EVA INV MY	. ( 11 ) 0 1.10			
To Inspect Vehicle No: SLS 705'V at Workshop m/s Sumulue	Make: Make: Coll Make: c.c / 47			
at Workshop m/s finallie	1 0 11-			
of	Sp.Reading 10849 T/Radio: Insured / Std / NI / NA			
Insured: $5LL2603S$	Eng/No:			
Policy No.	CNO: JMYLTZZZW8 2001011			
Claims No.	Gen. Cond Good / Fair / Poor / Burnt			
Sum Insured: Excess:	Steering: Inorde / 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: IFF/60RIF			
(Policy Condition)	R:			
	D/S BS DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /			
repair at the time of inspection.	TOYO / YOKO or			
Bal, or Market Value:	Front Rear			
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 6 mm R/Bal. 6 mm			
A Addition Approx	L/Bal. 6 mm L/Bal. 6 mm			
Sign III Gadii.	D.O.A. 12(19 D.O.I. 4/7/18			
2 Val. Man on No.	Survey held at			
Lum Sum: % 3 Val.: Yes or No 6 FUS	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or			
CA / REV / REP. / 24 HRS	10			
Vehicle: IN / Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision			
Date / Time Action / Instruction	1,100,000, 2,111,000,000,000,000,000,000,000,000,00			
hove GA LIA 9500 2m	able, las.			
ref 2500				
·WIII				
	· · · · · · · · · · · · · · · · · · ·			
Date/Time, File Pass to? : Preli. Report	Days Of Repair:			
: Final Report	Resurvey No. of Trip: Survey Fee:			
Date/Time, File Return to?	Transportation:			
2) Add	# Fee: : Site Insp (\$ )s+Rs,si			
-1				
	: Interview (\$ ) Photos			
Report Format :	: Tech. Invs (\$ ) Others			