INS. CASE OWNE	R: M	CC4/ASM 1900	6142,	TO 3 DAG	I TUNT	†
Surveyor;	m1H	DOI: ASSIGN	MENT	Date/Time:	8/4/19	
Pre-assign / CCU	SHIC	41810		Registered in Merimen:	1thu	
Insured Vehicle No). :	- 011	Claim No.	:		1
Name of Insured	· VIL S	J (IL	Policy No.	:		1
Insured Tel No.		HP:	Make / Model			
Excess Sec II :SS	\$ 200.00	D.O.A: 28 13 19	Place of Accide			
Is driver the owner			Place of Accide	int:		
	6	Nature of Accident :				
If NO, Driver Name / Age : Driver Tel No. : (V/L: YES / NO.)			OI GIA REPORT: YES / NO; TP GIA REPORT: YES / NO Insured Liability: % Final? Yes / No			
75 M8249						
INSRS: WSP: Tel: Liability: RMKS:	INSRS WSP: Tel: Liabili RMKS	ity:	INSRS: WSP: Tel: Liability: RMKS:		INSRS: WSP: Tel: Liability: RMKS:	
Date/ Time	(C) 10 0 2 4 to 10					
	21 8 8 A AD 1 - X	-1		STAGE	DATE / PIG	С
	PHESTER SK- CSTE	61180 mos 1 Kyd3 n7	: 669: AX118	Non-Reporting ltr (1st):		
			11	Non-Reporting ltr (2nd): Non-Reporting ltr (Final):		
				Notification ltr (if non-picku	ip);	
				Call OI:		
				After call ltr to OI:		
				Documentation Check Lis		t
				Notification ltr (if non-picku	p)	
				After call ltr to OI:		
				Authorisation To Act: Release Voucher:		_
				Final Repair Bill:		
				Car Rental Invoice:		
				Towing Invoice		
				LTA / GIA :		=
				Medical Bill:		D _a
				PIR:		
				Mandate/Reject Instructio	n.	
				LOD		
				Payment Breakdown Form	a:	
ELIMINARY ADVICE	Date/Time:	Sent By:		Post-Repair Photos:		
				Others:		
NALIZATION	Date/Time:	Confirm with:		Confirm by:		
pair Cost: p/p		days) Reduction: 4890.40	% 69	Email	Call	
NAL SETTLEMENT	Date/Time:	Confirm with		Email Call		
nal Liability:		/ Assessed) BOLA S/N No.:		If NO or B 28, Ass. Lia:		F 1
pair Cost: ss of Rental (LOR):	S\$ S\$	dama)				
ss of Use (LOU):	S\$ (\$ x	days)		2		
ss of Income (LOI):	S\$ (\$ x					
R only LOU only		OR + LOI Tick only one	1			
A/LTA Search	S\$	CR. LOI LICK ONLY ONE				
edical:	S\$			1) Claim status; Normal/l	piant/Privata Cattl	
sbursement:	S\$	(e.g. Tow/ Independen	t)	Report Format: REJE		
gal Cost	S\$	(e.g. 10w/ independen	• /	3) Survey fee: \$350.		
tal:	S\$	Global Sum S\$:		4300.		
NAL PAYMENT	Date/Time:	Confirm with:		Email Call		
yee 1:	S\$	Name 1:	-1, , , , , , ,			
yet 2: (Strike if N.A.)	S\$	Name 2:				
Joseph Course it inches	5.0	416446 24				