INS. CASE OWNER:		CC 4, 40 1900	7018 /	Hear DA	
Surveyor:	PAS	DOI: ASSIGN	MENT	Date / Time :	8/04/2019
Pre-assign / CCU / Insured Vehicle No. Name of Insured Insured Tel No. Excess Sec II :S\$ Is driver the owner?	SU	HP: D.O.A: 16 04 2019 Nature of Accident:	Claim No. Policy No. Make / Model Place of Accid		postonoss ha
If NO, Driver Nam Driver Tel N		(V/L: YES / NO.)	OI GIA REPO	ORT: YES / NO ; TP GIA ity : % Fina	REPORT: YES / NO al ? Yes / No
SF787780) ·				
INSRS: WSP: GMUSO Liability: RMKS:	INSRS WSP: Tel: Liabilit RMKS	y:	INSRS: WSP: Tel: Liability: RMKS:		INSRS: WSP: Tel: Liability: RMKS:
Date/ Time		9 N = 1 N = 1			
PRELIMINARY ADVICE	Date/Time:	Sent By:	***	Non-Reporting ltr (1st): Non-Reporting ltr (2nd): Non-Reporting ltr (2nd): Non-Reporting ltr (Final): Notification ltr (if non-pic Call OI: After call ltr to OI: Documentation Check L Notification ltr (if non-pic 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 Instruct LOD Payment Breakdown Fo Post-Repair Photos: Others:	ist: Handler Typist kup)
FINALIZATION	Date/Time:	Confirm with:		Confirm by:	
Repair Cost: FINAL SETTLEMENT Final Liability:	S\$ (Date/Time:	days) Reduction: Confirm with Assessed) BOLA S/N No.:	%'	Email Call If NO or B 28, Ass. Lia	
Repair Cost: Loss of Rental (LOR): Loss of Use (LOU): Loss of Income (LOI): LOR only LOU only	S\$ (\$ x S\$ (\$ x LOR + LOU L	days) days) days) OR + LOI [Tick only on			
GIA/LTA Search Medical: Disbursement: Legal Cost	S\$ S\$ S\$	(e.g. Tow/ Independe	ent)	Claim status: Normal Report Format: Survey fee:	/Reject/Private Settle
Total: FINAL PAYMENT	S\$ Date/Time:	Global Sum S\$: Confirm with:		Email Call	
Payee 1: Payee 2: (Strike if N.A.) Payee 3: (Strike if N.A.)	S\$ S\$ S\$	Name 1: Name 2: Name 3:	- X	Email Call	ı ı

ASSIGNMENT

From:	Date:	Veh No: SFZ 8718 D Yr Regn: 2013 / July
Estimated Cost:		Type: M.Car/ M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
OD / TP / WS / TP RES / O	D RES / EVA / INV / MV	Truck / Trailer or
To Inspect Vehicle No:	SF2 81180	Make: TOYOTA LEXUS 65350 c.c 3456
at Workshop m/s	SFZ 8718D BORNO MOTOR	Colour GREY A/C: Insured / Std / NI / NA
of 2, powner	r cars	Sp.Reading 5735(T/Radio: Insured / Std / NI / NA
Insured:		Eng/No:
Policy No.		C/No: JTH BEIBL 105 024 218
Claims No.		Gen. Cond: Good/ Far / Poor / Burnt
Sum Insured:	Excess:	Steering: Norder / 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: 235 45 R.S
(Policy Condition)	. 9	R:
Remark: The veh had con	nmenced its N/S	D/S BS / DUN / EXNOVA / GY / FS / LIZA MIC OHTSU / PIR / SUMI /
repair at the tim	e of inspection.	TOYO / YOKO or
Bal. or Market Value:		Front Rear
IDAC Accident Rport:	Consistent? : Yes or No	. R/Bal. 6 mm
GIA / PR Seen:	Consistent? : Yes or No	L/Bal. 6 mm L/Bal. 6 mm
	Dear Ves or No	DOA 11 610 19 D.O.I. (8/04/19
Est. Repairs:	days Res.: Yes or No	D.O.A. (6)04(1)
Est. Repairs: Lum Sum:	% 3 Val.: Yes or No	D.O.A. 16 04 19 Survey held at BORNEO MOTINE
Lum Sum:	% 3 Val.: Yes or No	0.00
ALCOHOLD THE		Survey held at Des. of Damages From Rear / O/S / N/S / U/C / Rooftop or
Lum Sum: CA / REV / REP. /	% 3 Val.: Yes or No	Survey held at Borneo MoTVA Des. of Damages Frid Rear / O/S / N/S / U/C / Rooftop or
CA / REV / REP. / Date: Pe	% 3 Val.: Yes or No 24 HRS Vehicle: IN A	Survey held at Des. of Damages From Rear / O/S / N/S / U/C / Rooftop or
CA / REV / REP. / Date: Pe	% 3 Val.: Yes or No 24 HRS Vehicle: IN A	Survey held at Des. of Damages From Rear / O/S / N/S / U/C / Rooftop or
CA / REV / REP. / Date: Pe	% 3 Val.: Yes or No 24 HRS Vehicle: IN A	Survey held at Des. of Damages From Rear / O/S / N/S / U/C / Rooftop or
CA / REV / REP. / Date: Pe	% 3 Val.: Yes or No 24 HRS Vehicle: IN A	Survey held at Des. of Damages From Rear / O/S / N/S / U/C / Rooftop or
CA / REV / REP. / Date: Pe	% 3 Val.: Yes or No 24 HRS Vehicle: IN A	Survey held at Des. of Damages From Rear / O/S / N/S / U/C / Rooftop or
CA / REV / REP. / Date: Pe	% 3 Val.: Yes or No 24 HRS Vehicle: IN A	Survey held at Des. of Damages From Rear / O/S / N/S / U/C / Rooftop or
CA / REV / REP. / Date: Pe	% 3 Val.: Yes or No 24 HRS Vehicle: IN A	Survey held at Borne Motor Des. of Damages From Rear / O/S / N/S / U/C / Rooftop or The U/C / Chassis frame / Body Structure affected due to collision.
CA / REV / REP. / Date: Pe	% 3 Val.: Yes or No 24 HRS Vehicle: IN A	Survey held at Borne Motor Des. of Damages From Rear / O/S / N/S / U/C / Rooftop or The U/C / Chassis frame / Body Structure affected due to collision.
CA / REV / REP. / Date: Pe	% 3 Val.: Yes or No 24 HRS Vehicle: IN /	Survey held at Borne Motor Des. of Damages From Rear / O/S / N/S / U/C / Rooftop or The U/C / Chassis frame / Body Structure affected due to collision.
Lum Sum: CA / REV / REP. / Date: Pe Date / Time Action /	% 3 Val.: Yes or No 24 HRS Vehicle: IN A rrson Contacted: / Instruction : Preli. Report	Survey held at BokNEO MOTON. Des. of Damages From Rear / O/S / N/S / U/C / Rooftop or The U/C / Chassis frame / Body Structure affected due to collision.
Lum Sum: CA / REV / REP. / Date: Pe Date / Time Action /	% 3 Val.: Yes or No 24 HRS Vehicle: IN /	Survey held at Des. of Damages From Rear / O/S / N/S / U/C / Rooftop or The U/C / Chassis frame / Body Structure affected due to collision. Days Of Repair:
Date: Pe Date / Time Action /	% 3 Val.: Yes or No 24 HRS Vehicle: IN / Preson Contacted: Vinstruction : Preli. Report : Final Report	Survey held at Des. of Damages From Rear / O/S / N/S / U/C / Rooftop or The U/C / Chassis frame / Body Structure affected due to collision. Days Of Repair: Resurvey No. of Trip: Survey Fee:
Lum Sum: CA / REV / REP. / Date: Pe Date / Time Action / Date/Time, File Pass to?	% 3 Val.: Yes or No 24 HRS Vehicle: IN / Preson Contacted: Vinstruction : Preli. Report : Final Report	Survey held at Des. of Damages From Rear / O/S / N/S / U/C / Rooftop or The U/C / Chassis frame / Body Structure affected due to collision. Days Of Repair: Resurvey No. of Trip: Survey Fee: Transportation:
Lum Sum: CA / REV / REP. / Date: Pe Date / Time Action / Date/Time, File Pass to? 1) Date/Time, File Return to? 2)	% 3 Val.: Yes or No 24 HRS Vehicle: IN / Preson Contacted: Vinstruction : Preli. Report : Final Report	Survey held at Des. of Damages From Rear / O/S / N/S / U/C / Rooftop or The U/C / Chassis frame / Body Structure affected due to collision. Days Of Repair: Resurvey No. of Trip: Survey Fee: Transportation: S + RS, SI
Date: Pe Date / Time Action /	% 3 Val.: Yes or No 24 HRS Vehicle: IN / Preson Contacted: Vinstruction : Preli. Report : Final Report Add	Survey held at Des. of Damages From Rear / O/S / N/S / U/C / Rooftop or The U/C / Chassis frame / Body Structure affected due to collision. Days Of Repair: Resurvey No. of Trip: Survey Fee: Transportation: S+RS_SI Interview (\$) Photos