15/5/2010		1			LKK:	
INS. CASE OWNER	t:	2			IDAC:	
Into: Crists o William		ASSIG	NMENT			
Commence				Date / Time :		
Surveyor:				Registered in Merimen:		
Pre-assign / CCU	/ FTE			regimered in ivier		
Tre-ussign root						
Insured Vehicle No	o. : SDP 700G		Claim No.	:		_
Name of Insured	:		Policy No.	:		_
Insured Tel No.		HP:	Make / Model			
		The state of the s		Place of Accident :		
Excess Sec II :S\$		D.O.A :	Place of Accid	ent.		
Is driver the owner	? (YES / NO)	Nature of Accident :				
If NO, Driver Nan	() () () () () () ()		OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / N			/ NO
Driver Tel	lo.: (V/L: YES / NO)		Insured Liability: % Final? Yes / No			
SLC 3961Z					→	
-		4.454	4,000	1000		
INSRS: WSP: LHMK	INSRS WSP:		INSRS: WSP:		INSRS: WSP:	
H Tel:	Tel:	15—17	Tel:	AA	Tel:	
Liability:	Liabili	1/4 -2/3	Liability:		Liability:	
RMKS:	RMKS		RMKS:		RMKS:	
Date/ Time	S EL ST.					A COLUMN
				STAGE	DATE	/ PIC
		No. of the Contract of the Con		Non-Reporting ltr ()		
				Non-Reporting ltr (I		
				Notification ltr (if no	on-pickup):	
4.407.0000	a desire about the solution	dana aanal		Call OI: After call ltr to OI:		
14/07/2020	Mr yew to sign.	p. no survey done, cancel	case.		neck List: Handler	Typist
ı)				Notification ltr (if no		
ty	Popular State State	STATE NAME OF THE		After call ltr to OI:		
,	the management of the co-		2 1. 10. 24	Authorisation To Ad	ct:	
	20000	-4.9		Release Voucher:		
				Final Repair Bill: Car Rental Invoice:		
				Towing Invoice		一一
				LTA / GIA :		
				Medical Bill:		
				PIR:		
				Mandate/Reject In	struction:	
				LOD	Form	
PRELIMINARY ADVICE	Deta/Times	Sent By:		Payment Breakdov Post-Repair Photo		
PRELIMINARY ADVICE	Date/Time.	Schi by.		Others:	s	
FINALIZATION	Date/Time:	Confirm with:		Confirm by:		
Repair Cost:	S\$ (days) Reduction:	%		Email Call	
FINAL SETTLEMENT	Date/Time:	Confirm with		Email Call		
Final Liability:		Assessed) BOLA S/N No. :	•	If NO or B 28, As	s. Lia :	
Repair Cost:	S\$	dauch				
Loss of Rental (LOR):	S\$ (\$ x	days)				
Loss of Use (LOU): Loss of Income (LOI):	S\$ (\$ x					
LOR only LOU only		OR + Lo	one]			
GIA/LTA Search	S\$					
Medical:	S\$		1		lormal/Reject/Private S	ettle
Disbursement:	S\$	(e.g. Tol epend	dent)	Report Format: Survey fee:		
Legal Cost	SS S\$	obal Sum S\$:		Joy Survey Ice;		
Total: FINAL PAYMENT	Date/Time:	Confirm with:		Email Cal		
	S\$	Name 1:		car		
Payee 1: Payee 2: (Strike if N.A.)	S\$	Name 2:				
avec 2. ISHING II IN./A. I	MA.					