15/5/2010		CCY /1111900 8	22/6/1	Und LKK:
INS. CASE OWNER		CC / ///1900 v	MENT	91.1
	Y	1	MENT IN	Sty (ca
Surveyor:		DOI:	01 (01	Date / Time :  Registered in Merimen: 14 19 19
n 1 100H	/ PTF			Registered in Merinien.
Pre-assign / CCU	SHA 75	ODN.		
Insured Vehicle No	). :		Claim No.	:
Name of Insured			Policy No.	i
Insured Tel No.	:	HP:	Make / Model	:
Excess Sec II :S\$		D.O.A: \ h(I)	Place of Accid	lent:
Is driver the owner	? (YES / NO )	Nature of Accident :		
		Third of Horizon	OLGIA REPO	ORT: YES / NO: TP GIA REPORT: YES / NO
If NO. Driver Nar Driver Tel		(V/L: YES / NO )	Insured Liabili	
51K 15141	bT →			
				INISD C.
INSRS: WSP: WDV	d INSR WSP	0 10	INSRS: WSP:	INSRS: WSP:
A Tel:	Tel:	1 A	Tel:	Tel:
Liability:	Liabi	1/1/ -1//	Liability:	Liability : RMKS:
RMKS:	RMK	S:	RMKS:	RIVINS.
Date/ Time	ALT D	Ola VI	71-11 -K	STAGE DATE/PIC
	UK 120101 7	S EVA FOR	omit	STAGE DATE / PIC  Non-Reporting ltr (1st):
				Non-Reporting ltr (2nd):
				Non-Reporting ltr (Final): Notification ltr (if non-pickup):
				Call OI:
				After call ltr to OI:
				Documentation Check List: Handler Typist
				Notification ltr (if non-pickup)
				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:
				Payment Breakdown Form:
PRELIMINARY ADVICE	Date/Time:	Sent By:		Post-Repair Photos:
				Others:
FINALIZATION	Date/Time:	Confirm with:	07	Confirm by:
Repair Cost: FINAL SETTLEMENT	S\$ (	days) Reduction: Confirm with	%	EmailCall
FINAL SETTLEMENT Final Liability:	Date/Time: (Agreed	1 / Assessed) BOLA S/N No. :		If NO or B 28, Ass. Lia:
Repair Cost:	S\$			10 A 0 10 10 10 10 10 10 10 10 10 10 10 10 1
Loss of Rental (LOR):	S\$ (	days)		
Loss of Use (LOU):	S\$ (\$	x days)		
Loss of Income (LOI):	S\$ (\$	x days)	anal .	
LOR only LOU only	S\$ LOR + LOU	LOR + LO [Tick only	onej	
GIA/LTA Search Medical:	S\$			1) Claim status: Normal/Reject/Private Settle
Disbursement:	SS	(e.g. Tow/ Indepen	dent)	2) Report Format:
Legal Cost	SS			3) Survey fee:
Total:	S\$	Global Sum S\$:		
FINAL PAYMENT	Date/Time:	Confirm with:		Email Cal
Payee 1:	S\$	Name 1:		
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	SS	Name 3:		

ASSIGNMENT

0 = 2016	Web No. SIXISSST YREGO. 6 Jan 2017		
rom: Date: 9.6.2019	Veh No: SLK 1595 T Yr Regn: 6 Jay 281  Type: M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /		
Estimated Cost:	Truck / Trailer or		
DD (TP) WS / TP RES / OD RES / EVA / INV / MV	10.6		
To Inspect Vehicle No: SLK 1595T	(10014 -0		
at Workshop m/s World Auto	GOIOUT S/War		
NO 1 Kransi Loop	Sp.Reading 1/Radio: Insured / Std / H7 NS		
nsured:	Eng/No:		
Policy No.	C/No: RU 31222742		
Claims No.	Gen. Cond: Good / Fair / Poor / Burnt		
Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or		
(Client's Record)	Brake: Inorder / Jammed / Leaked / Burnt or		
Make of Veh: Morning	Modi: Nil / &IBm / STD A/Rim or		
V	Tyre Size: F: 215/60 E16		
(Policy Condition)	R:		
Remark; The veh had commenced its N/S	O/S/ BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /		
repair at the time of inspection.	TOYO / YOKO or Giti		
Bal. or Market Value:	Front Rear		
0 1 1 10 Ver er No	R/Bal. 6 mm R/Bal. 6 mm		
0 11 10 V No	L'/Bal. ( mm L/Bal. ( mn		
Day Man or No.	D.O.A. 1 (5 (19 D.O.I. 9 (5/19		
2 Vol. Ven er No	Survey held at World Auto		
Luii Suii.	Des. of Damages : Frt / Rear / OTS N/S / U/C / Rooftop or		
CA / REV / REP. / 24 HRS TWP?			
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision		
Date / Time Action / Instruction			
Date? Time Action? manuation			
Date/Time, File Pass to? : Preli. Report	Days Of Repair:		
: Final Report	Resurvey No. of Trip: Survey Fee:		
Date/Time, File Return to?	Transportation:		
	Add Fee: Site Insp (\$ ) S+RS,_SI		
*	: Interview (\$ ) Photos		
Report Format :	: Tech. Invs (\$ ) Others		
Lump Sum / I.B.I: (\$	Weekend (\$ )		
Lump out those (4	TOTAL		