INS. CASE OWNER		CC 3 / MM 190	00 96761	eas I	DAC:	
Surveyor:	ASSIGNMENT DOI:			Date / Time : 3178/19		
				Registered in Merimer	311519	
Pre-assign / CCU	SKS 7V	14 b				
Insured Vehicle No	: >KZ 10	0	Claim No.			
Name of Insured	: Any Hock	Son	Policy No.	: ~		
Insured Tel No.		-iP:	Make / Model			
Excess Sec II :S\$	D.O.A: 12 S 10 Place of Accident					
Is driver the owner	_	Nature of Accident :	1100 01110010	JIII		
If NO, Driver Nan	P		OI GIA REPO	T. VEC AIO . TO OX	A DEDONE A COLUM	
Driver Tel 1		(V/L: YE) / NO.)	Insured Liabilit	~	A REPORT: YES/NO nal? Yes/No	
SKC 6484	В	9		70 11	1121: 165/140	
2600101				-		
INSRS: PWC WSP: Tel: Liability: RMKS:	INSRS: WSP: Tel: Liability RMKS:		INSRS: WSP: Tel: Liability: RMKS:		INSRS: WSP: Tel: Liability: RMKS:	
Date/ Time	11/24/2	C 2-2/ D	,			
	RCC 6484B. X	, Mus 7276 V.		STAGE Non-Reporting ltr (1st):	DATE / PIC	
				Non-Reporting ltr (2nd):		
				Non-Reporting ltr (Final): Notification ltr (if non-pickup):		
2101-0			Call OI: ASHER 17.06-19			
118 200 To cancel the			After call ltr to OI:			
1 Lo sung diche			Documentation Check List: Handler Typist			
4	0			Notification ltr (if non-p. After call ltr to OI:	ickup)	
				Authorisation To Act:		
the state of the s				Release Voucher:		
- 19				Final Repair Bill:	A	
				Car Rental Invoice:		
				Towing Invoice LTA / GIA:		
				Medical Bill:		
			I was the said	PIR:		
				Mandate/Reject Instru	ction:	
4 3				LOD		
PRELIMINARY ADVICE	Date/Time:	Sent By:	- Charles and the control of the con	Payment Breakdown F	orm;	
		Journal .		Post-Repair Photos: Others:		
FINALIZATION	Date/Time:	Confirm with:	THE RESERVE AND ADDRESS OF THE PARTY OF THE	Confirm by:		
Repair Cost:	S\$ (·	days) Reduction:	%'-	En	ail Call	
FINAL SETTLEMENT		Confirm with		Email Call		
Final Liability: Repair Cost:	% 100 (Agreed / A	Assessed) BOLA S/N No.:	28	If NO or B 28, Ass. Li	a: 0%	
Loss of Rental (LOR):	S\$ (days)	NEH CC DI JUD			
Loss of Use (LOU):	S\$ (\$ x	days)			-	
Loss of Income (LOI):	S\$ (\$ x	days)				
LOR only LOU only		R + LOI [Tick only o	ne]	1 N _ 1		
GIA/LTA Search Medical:	S\$ S\$		9)	1) (1)-1:	I/D I im I	
Disbursement:	S\$ (e.g. Tow/ Independent)			Claim status: Normal/Reject/Private Settle Report Format:		
Legal Cost	S\$ (c.g. 10w independent)			3) Survey fee:		
Total:	BERTHALD BETTER BET	Global Sum SS:	The state of the s		42 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
FINAL PAYMENT	T T	Confirm with:		Email Call		
Payee 1:	S\$ Name 1:					
Payee 2: (Strike if N.A.)		Name 2:		**	1	
Payse 3. (Strike if N.A.)	SS 1	Name 3:	DESCRIPTION OF STREET	ARCHITECTURE TO SERVICE OF		