INS. CASE OWNER	ર	CC 6/ A16 1900	9761	Melsh IDAC:		
Surveyor:	Mpecy.	DOI: ASSIGN	MENT	Date/Time:		
Pre-assign / CCU Insured Vehicle No Name of Insured Insured Tel No. Excess Sec II :SS Is driver the owner	SGD 6	HP:	Claim No. Policy No. Make / Model Place of Accid		v(19	
If NO, Driver Name / Age :  Driver Tel No.: (V/L: Y		(V/L: YES / NO.)		OI GIA REPORT: YES / NO; TP GIA REPORT: YES / NO Insured Liability: % Final? Yes / No		
GBA 128	57-					
INSRS: WSP: Tel: Liability: RMKS:	Tel:	1-0	INSRS: WSP: Tel: Liability: RMKS:	INSRS: WSP: Tel: Liability RMKS:		
Date/ Time	49#12857 - X	Sto ant	R-K	STAGE  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: Hand 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: LOD	DATE / PIC	
PRELIMINARY ADVICE	Date/Time:	Sent By:		Payment Breakdown Form: Post-Repair Photos:		
FINALIZATION Repair Cost:	The state of the s	Confirm with: days) Reduction:	%	Others: Confirm by:	Call	
FINAL SETTLEMENT Final Liability: Repair Cost: Loss of Rental (LOR): Loss of Use (LOU): Loss of Income (LOI):	% (Agreed / S\$ S\$ (\$ x S\$ (\$ x	Confirm with  Assessed) BOLA S/N No. :  days) days) days)		Email Call If NO or B 28, Ass. Lia:		
LOR only LOU only GIA/LTA Search Medical: Disbursement: Legal Cost	S\$ S\$ S\$	R + LOI [Tick only one (e.g. Tow/ Independer		Claim status: Normal/Reject/Pri     Report Format:     Survey fee:	ivate Settle	
Total: FINAL PAYMENT Payee 1:	Date/Time:	Global Sum S\$: Confirm with: Name 1:	Control of the Contro	Email Call		
Payce 2: (Strike if N.A.) Payce 3: (Strike if N.A.)		Name 2: Name 3:	1			

ASSIGNENT    ASSIGNENT   Veh No.   CALA   Offer The Year Part   Transportation   Veh No.   Cala   Offer The State   Offer The		1.11				
From:  Date:  Estimated Cost:  OD (P) WS 1TP RESI DO RESI EVALINY IMV  of Inspect Vehicle No.  Sold I SCI.  Truck I Trailer or Co. 2982  Total page to thicke No.  Sold I SCI.  Truck I Trailer or Co. 2982  Make:  Sold I SCI.  Truck I Trailer or Co. 2982  Truck I Truck		4/4/				
From: Use:  Estimated Cot: On Tip Wis 1TP RES I DD RES I EVA I INV I MV To Inspect Vehicle No: at Workshop m/s of at Workshop m/s of Delicy No. Claims No. Sum Insured: C(Client's Record) Make of Veh:  (Policy Condition) Remark: The veh had commenced its repair at the time of inspection.  Ball or Market Value: DIDAC Accident Rport: Consistent? : Yes or No Ext. Repairs: Lum Sum:  CA / REV / REP. / 24 HRS Delicy No. Cat / Rev / Rep. / 24 HRS Delicy Time Action I Instruction  Date: Person Contacted:  Describes Resurce   Desc	ASS. REC. BY: 79 CF CB	GNMENT				
To Inspect Vehicle No:  at Workshop mis  of survey.  Policy No.  Claims No.  Sum Insured:  (Client's Record)  Make of Veh:  (Policy Condition)  Remark: The veh had commenced its repair at the time of inspection.  Ball, or Market Value:  (DAC Accident Roort:  Casistent?: Yes or No  Est. Repairs:  days Rest. Yes or No  CLam Sum:  (Say No.  CA / REV / REP. / 124 HRS  Person Contacted:  Date / Time  Action / Instruction  Lim Sum:  Action / Instru	From:	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /				
To inspect Vehicle No: at Workshop m/s of insured: S G D 9 W 2 B  Sp. Reading	0	- 1 1/ cc 2887				
Sp. Reading / 9 3 7 2 Englino:    Claims No.   Claims No.   Claims No.   Claims No.   Claims No.   Claims No.   Commenced to the commenced to the commenced its repair at the time of inspection.   Consistent? : Yes or No.   Claims Record   Claims Record   Consistent? : Yes or No.   Claims Record   Claims	To Inspect Vehicle No: 634 1245	Colour L/Radio: Insured / Std / NI / NA				
Policy No.   Claims Record)   Client's Record   Client's Record)   Client's Record   C		Sp.Reading 70932				
Policy No. Claims No. Sum Insured: (Client's Record) Make of Veh:  (Policy Condition) Remark: The veh had commenced its repair at the time of inspection.  Ball. or Market Value: (DA J PR Seen:  Consistent?: Yes or No Est. Repairs:  Lum Sum:  % 3 Val.: Yes or No CA / REV / REP. / 24 HRS  Person Contacted:  Date / Time Action / Instruction  Lyal / Time Date/Time, File Pass to?  Date/Time, File Return to?  Add Fee:  Size / S	Insured: 56D9262B	C/No: JTFHT02p40023613/				
Sum Insured:  (Client's Record)  Make of Veh:  (Policy Condition)  Remark: The veh had commenced its repair at the time of inspection.  Bal. or Market Value:  (DAC Accident Rport:  Consistent?: Yes or No  Est. Repairs:  days Res.: Yes or No  Est. Repairs:  (Call Time Action / Instruction  Limb A   First Pass to?  Date Time, File Pass to?  Date Time, File Pass to?  Date Time, File Return to?  Add Fee:  Steering: Ingrify / Jammed   Leaked   Burnt or Modil   Instruction   Inst		Gen. Cond: Good / Fair / Poor / Burnt				
C(Client's Record)  Make of Veh:  (Policy Condition)  Remark: The veh had commenced its repair at the time of inspection.  Bal. or Marker Value:  (DAC Accident Rport:  Consistent?: Yes or No  Est. Repairs:  days Res.: Yes or No  Est. Repairs:  Aday Res.: Yes or No  CA / REV / REP. / 24 HRS  Person Contacted:  Date:  Person Contacted:  Person Contacted:  Date:  Person Contacted:  Date:  Person Contacted:  Date:  Person Contacted:  Person Contacted:  Date:  Person Contacted:	Evenos:	Steering: Inorder / Jammed / Leaked / Burnt or				
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Tyre Size: F:   Structure   F:   Rear   F:   F:   Rear   F:   F:   F:   F:   F:   F:   F:   F		Modi Nil S/Rim / STD A/Rim or				
Remark: The veh had commenced its repair at the time of inspection.	Make of Veh:	100 KIE				
Policy Condition   Remark: The veh had commenced its repair at the time of inspection.		1				
TOYO / YOKO or  Bal. or Market Value:  Bal. or Market Value:  Consistent?: Yes or No  Est. Repairs:  days Res.: Yes or No  Lum Sum:  % 3 Val.: Yes or No  CA / REV / REP. / 24 HRS  Date:  Person Contacted:  Date / Time  Action / Instruction  LyA / 6398  Add Fee:  Site Insp  Characteria (Site In	0.10	and the same of th				
Bal. or Market Value:    DAC Accident Rport:   Consistent?   Yes or No	Remark: The veh had commenced its	110				
Bal. or Market Value:  IDAC Accident Rport:  Consistent?: Yes or No  Est. Repairs:  days Res.: Yes or No  Lum Sum:  % 3 Val.: Yes or No  CA / REV / REP. / 24 HRS  Date:  Person Contacted:  Date / Time Action / Instruction  L / A / 6398 have G:4  Date/Time, File Pass to?  1)  Date/Time, File Return to?  Add Fee:  3 Site Insp  Survey Rea:	repair at the time of inspection.	A Boor				
Date / Time	Duil of manner	P/Bal O mm				
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Est. Repairs:  Lum Sum:  % 3 Val.: Yes or No  CA / REV / REP. / 24 HRS  Person Contacted:  Date:  Person Contacted:  Date / Time	GA / FR Section	1/2 001 7/1/0				
CA / REV / REP. / 24 HRS  Person Contacted:  Date / Time	Est. Repairs.	D.O.A. 31/5/1)				
Date: Person Contacted: The U/C / Chassis frame / Body Structure affected due to collision.  Date / Time	Lum Sum: % 3 Val.: Yes or No					
Date / Time Action / Instruction  L / A / 6399 have G 19  Date/Time, File Pass to?  I): Preli. Report Pinal Report Resurvey No. of Trip: Survey Fee: Transportation:  Date/Time, File Return to?  Add Fee: Site Insp (\$ ) _S+RS_SI   Interview (\$ ) Photos  Report Format:  Lump Sum / I.B.I: (\$ ) Others	CA   REV   REP.   24 HRS Des. of Damages : Frt   Rear   O/S   N/S   U/C   Rooftop of Page   Rev.   Rev.					
Date/Time, File Pass to?    Preli. Report   Days Of Repair:   Survey Fee:   Transportation:   Date/Time, File Return to?   Add Fee:   Site Insp (\$ ) _s+RS,_SI     Interview (\$ ) Photos     Report Format:   Tech. Invs (\$ ) Others     Weekend (\$ )	- 0 1-1-1-1	The U/C / Chassis frame / Body Structure affected due to collision.				
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