Surveyor:    WP   DOI:   ASSIGNMENT   Aba3   Date / Time:   Negistered in Merimen.   Negistered	15/5/2010	C MC IN	M Can	LKK:	
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Surveyor:    Date		LAND ASSIGNMEN	T <sub>a</sub> Ab	a3\	1,9
Pre-assign / CCU / FTE   SW6 9 C   Claim No. :   INDEX   SW6 9 C   Claim No. :   INDEX   Sw6 9 C   Sw6 9	Surveyor:			7 Time.	12/ LIM
Insured Vehicle No.   SM 6 3 9 4 C	Pre-assign / CCU	/ FTE	Regi	stered in Merimen:	(101.7
Insured Tel No.  Fixes Set II SS  D.O.A.: 7, 10 P Place of Accident:  Place of Accident:  If No, Driver Name / Age: Driver Tel No.:  (VI. YES / NO) Insured Liability:  If No, Driver Name / Age: Driver Tel No.:  (VI. YES / NO) Insured Liability:  Insured Liability:  Insured Tel No.:  NSRS: WSP: Tel: Tel: Tel: Liability: Liability: Liability: RMKS:  Date/ Time  Track: Date/ Time: Date/ Time: Date/ Time: Date/ Time: Track: Date/ Time: Date/ Time: Track: Date/ Time: Date/ Time: Track: Date/ Time: Track: Date/ Time: Date/ Time: Track: Date/ Time: Track: Date/ Time: Date/ Time: Track: Date/ Time: Date/ Time: Track: Date/ Time: Track: Date/ Time: D		Cm695940			
Insured Tel No. : HP: Make / Model : Place of Accident :  Is driver the owner? (YES / NO) Nature of Accident :  If NO, Driver Name / Age: Driver Tel No. : (V/L: YES / NO) Insured Liability: % Final ? Yes / No  Driver Tel No. : (V/L: YES / NO) Insured Liability: % Final ? Yes / No  INSRS: WSP: Tel: Liability: Liability: RMKS: WSP: Tel: Liability: RMKS:	***	0. :	laim No. :		
Excess See II :S  Is driver the owner?  If NO, Driver Name (Age: Driver Tel No.:  If No. State (No. 1)  In NSRS: WSP: Tel: Liability: Liability: Liability: RMKS:  In NSRS: WSP: Tel: Liability: RMKS: RMKS:  In NSRS: WSP: Tel: Liability: RMKS: RMKS: RMKS: RMKS:  In NSRS: WSP: Tel: Liability: RMKS: RMKS: RMKS: RMKS: RMKS:  In NSRS: WSP: Tel: Liability: RMKS: RM	Name of Insured	: P	olicy No. :		
Is driver the owner? (YES / NO ) Nature of Accident:  If NO, Driver Name / Age: Driver Tal No.: (V/L: YES / NO) Insured Liability: Separate In	Insured Tel No.		lake / Model :		
IFNO, Driver Name / Age: Driver Tel No.:  (VIL YES / NO) Insured Liability:  (VIL YES / NO In	Excess Sec II :SS	D.O.A: 41619	ace of Accident:		47
Driver Tel No.   (V/L: YES/NO)   Insured Liability:   % Final * Yes/No	Is driver the owner	? (YES / NO ) Nature of Accident :			-
NSRS:   WSP   Tal:   Liability   Liabili					
NSRS:   WSP   Tel:   Liability:   RMKS:   WSP   Tel:   Liability:   RMKS:   WSP   Tel:   Liability:   RMKS:	Driver Tel	No.: (V/L: YES / NO )	sured Liability:	% Final? Y	les / No
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STACE   DATE / PIC   Non-Reporting ltr (1st):	IVI DI	1/4 -1/1		1/9 -1/1	
Non-Reporting Ibr (1st)	Date/ Time				
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Non-Reporting it ("fron-pickup):		80× 1/0 10 × 1 (Mra (2 1/4 c)	Non-		
Call OE	4.6				
After call it to OI:			Notif	fication ltr (if non-pickup):	
Documentation Check List: Handler   Typist					
Notification Itr (if non-pickup)   After call Itr to OI:   Authorisation To Act:   Authorisation To					Total Inc.
After call lit to Ol:  Authorisation To Act:    Authorisation To Act:					landler Typist
Authorisation To Act:					
Release Voucher:					
Final Repair Bill:	76				
14/04/2021   SETTLED AND CLOSED / FILE IN DRAWER   Towing Invoice	4				
	4		Car I	Rental Invoice:	
Medical Bill:   PIR:   Mandate/Reject Instruction:   Medical Bill:   PIR:   Mandate/Reject Instruction:   DID   Payment Breakdown Form:   Payment Breakdown Form:   Date/Time:   Confirm with:   Confirm by:   Con			Towi	ing Invoice	
PIR:	14/04/2021	SETTLED AND CLOSED / FILE IN DRA	WER LTA	/ GIA:	
Mandate/Reject Instruction:			Medi	ical Bill:	
COD			PIR:		
Payment Breakdown Form:   Post-Repair Photos:   Others:   Others			Man	date/Reject Instruction:	
Post-Repair Photos:   Confirm with:   Confirm by:   Conf					V
TINALIZATION   Date/Time:   Confirm with:   Confirm by:			Payr	nent Breakdown Form:	
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Simple   S					Call
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S		% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO	O or B 28, Ass. Lia:	
S\$ 280.00 (\$ 70 x 4 days)   S\$ 280.00 (\$ 70 x 4 days)					
SS   SS   SS   SS   SS   SS   SS   S		111,07			
LOU only		USA Visconia de la Contraction			
A					
Ace		ss 7.45			PERSONAL PROPERTY.
S\$   (e.g. Tow/ Independent )   2) Report Format:   TP			1) (	laim status: Normal/Reie	ct/Private Settle
S\$   S\$   S\$   S\$   S\$   S\$   S\$   S\$					TP
Total:   S\$ 6,356.35   Global Sum S\$: 6,350.00   4)AR FEE: \$2.54 x 2		S\$			\$320.00
TINAL PAYMENT   Date/Time:   Confirm with:   Email   Call   Cal	Fotal:	ss 6,356.35 Global Sum SS: 6,350.00	4	)AR FEE: \$2.5	
Payce 1: S\$ 6,350.00 Name 1: ACE AUTO SOLUTION Payce 2: (Strike if N.A.) S\$ Name 2:	FINAL PAYMENT				
ayce 2: (Strike if N.A.) S\$ Name 2:	Payee 1:	s\$ 6.350.00 Name 1: ACF AUTO			
			CLOTI		
	Payee 3: (Strike if N.A.)		100000		

E.

	ASSICNMENT			
Adrian	- Control of the Cont			
oni: Date:	Veh No: SLX7962J - Yr Regn: 2018 /April			
timated Cost:	Type: M.Car I M.Cycle I Bus I Van I Lorry I Taxi I Prime Mover I			
DITFIWS/TPRES/ODRES/EVA/INV/MV	Truck / Trailer or			
Inspect Vehicle No:	Make: Opel Insignia cc 1490			
Workshop m/s	Colour Black A/C: Insured / Std / NI / NA Sp.Reading 27588 T/Radio: Insured / Std / NI / NA			
sured	Eng/No: WOVZ76EB9 J1071744			
olicy No.	Gen. Cond: 2004/Fair/Poor/Burnt			
laims No.	Steering: Inorder I Jammed I Leaked I Burnt or			
um Insured: Excess:	A Literal Purnt or			
(Client's Record)	A pero Affilia es			
take of Veh:	245/45010			
	Tyre Size: F: 275/45/8-			
(Potic, Condition) N/S	O/S BS/DUN/EXNOVA/GY/FS/LIZA/MIC/OHTSU/PIR/SUMI/			
Remark: The veh had commenced its N/S repair at the time of inspection.	TOYOTYOKO OF Hankook.			
	Front Rear			
3al. or Market Value:  Consistent?: Yes or				
One debad? : Voc of				
Due: Vac ni	001 11/06/19.			
2 Val. Van a	1 11 51 500			
Luii Guii.	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or			
CA / REV / REP. / 24 HRS Vehicle: IN	LOUP.			
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.			
Date / Time   Action / Instruction	THE REPORT OF SEAL OF A SEA CONTROL OF THE SEAL OF THE			
77 ALG.				
mv :				
PV:				
Nett:				
Date/Time, File Pass to? Date/Time, File Return to?	Part Prices Check: Survey Fee: Date:			
1) 2)	IN OUT Basic & Add.			
3) 4)	S+RS,SIPhotos			
5) [6)	Others			
Preli. Report:	TOTAL			
Final Report				