15/5/2010		CC4/ 12/190	12/89,	11015	LKK: IDAC:		
INS. CASE OWNER			) · · · · · · · · · · · · · · · · · · ·	0.	012/2010		
	MI	ASSIG	NMENT		4 1212019 (VX		
Surveyor:	Mr	DOI:	0/2/10	Date / Time :	nan:		
	/ 2002			Registered in Merin	1 ~		
Pre-assign / CCU		21126		DW	494001898 [7]		
Insured Vehicle No	No. : 6164 7476 Claim No.			:	11,100010101		
Name of Insured			Policy No.	:			
Insured Tel No.		HP:	Make / Model				
		Valana	Place of Accid	ent %	Nacial Control		
Excess Sec II :S\$	THE REAL PROPERTY.	D.O.A: \$11 000	Place of Accid				
Is driver the owner	? ( YES / NO )	Nature of Accident :			OLL DEPORT, VEG /NO		
If NO, Driver Nar Driver Tel	The second secon	(V/L: YES / NO )	OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO NO ) Insured Liability: % Final? Yes / No				
FYLYYY	AT -				<b>—</b>		
	Dign.		INSRS:		INSRS:		
INSRS: WSP: Cur	INSR. WSP:		WSP:		WSP:		
Tel:	Tel:	A-A	Tel:	HA	Tel:		
Liability:	Liabil	1/4 - 1/1	Liability:		Liability : RMKS:		
RMKS:	RMK		RMKS:	-	KIVIKS.		
Date/ Time							
	MILLET Y: BEG TITLE Y			STAGE DATE / PIC  Non-Reporting ltr (1st):			
	10				Non-Reporting ltr (18t).  Non-Reporting ltr (2nd):		
					Non-Reporting ltr (Final):		
16				Notification ltr (if non-pickup):			
20/04/2020	Pls refer to Views for details.			Call OI: After call ltr to OI: Documentation Check List: Handler Typist			
	*SUBMIT WP REPORT TO EQ			Notification ltr (if non-pickup)			
	SODIVITI VVI TAL	I OINT TO LQ		After call ltr to OI:			
				Authorisation To Ac	a:		
				Release Voucher:			
				Final Repair Bill:			
1		Traffic Land		Car Rental Invoice:			
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			Towing Invoice			
i.				LTA / GIA:			
				Medical Bill:			
				PIR:			
				Mandate/Reject In	struction:		
				LOD			
				Payment Breakdo			
PRELIMINARY ADVICE	Date/Time:	Sent By:		Post-Repair Photo	S:		
**************************************	D. 1. (T'	Co-Citt.		Others: Confirm by:			
FINALIZATION	Date/Time: S\$ 850 00 (3	Confirm with:	%	Commin by.	Email Call		
Repair Cost: L/sum		days) Reduction: 72	70	Email Call			
FINAL SETTLEMENT	Date/Time: Confirm with  % (Agreed / Assessed) BOLA S/N No. :			If NO or B 28, Ass. Lia:			
Final Liability: Repair Cost:	% (Agreed	1/ ASSESSEU) DOLA S/N NO.:		11 110 01 B 20, As	NY 3-400 1		
Loss of Rental (LOR):	S\$ (	days)					
Loss of Use (LOU):	S\$ (\$ x days)						
Loss of Income (LOI):	Total Car	x days)	a statement				
LOR only LOU only		LOR + LOI Tick only	one]				
GIA/LTA Search	S\$				St. C. St. Communication of the Communication of th		
Medical:	S\$				tormal/Reject/Trivate Settle /WP		
Disbursement:	S\$ (e.g. Tow/ Independent )			2) Report Format: TP			
Legal Cost	S\$	LONG AND COMPANY DE	T-5724	3) Survey fee:	\$160.00		
Total:	S\$	Global Sum S\$:					
FINAL PAYMENT	Date/Time:	Confirm with:		Email Cal			
Payce 1:	S\$	Name 1:					
Payee 2: (Strike if N.A.)	S\$	Name 2:					
Payee 3: (Strike if N.A.)	SS	Name 3:					