INS. CASE OWNER:		2 , 1 - 220 1	7 7 7	0 111 0		
	CC	3/ASM1901		C 1143	IDAC:	
	12. (1	ASSIGNM	ENT		22/2/10	
Surveyor:	Kenneth DOI: 23/3/19			Date / Time :	23 7 19	
				Registered in Meri	men:	
Pre-assign / CCU /	FTE-					
Insured Vehicle No.	SMK 5970 E		Claim No.			
*						
Name of Insured	*		Policy No.	:		
Insured Tel No.	: HP:		Make / Model			
Excess Sec II :S\$	D.O.A:	21/7/19	Place of Accide	nt: 2-24		
Is driver the owner?	3	f Accident :				
						ma /2/0
If NO, Driver Nam		¥-		T: YES / NO ; TP		
Driver Tel N	0.:	V/L: YES / NO)	Insured Liabilit	y: %	Final? Yes/N	0
SHC 5404	$A \longrightarrow$	→			→ ;	
9						
INSRS:	INSRS: WSP:		INSRS: WSP:		INSRS: WSP:	
WSP: Trans- C	ab Tel:		Tel:	1	Tel:	
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2.333 2.440	SHC5404A=CU4/AXAISI	DII 244 16.462.62.1	Da A Dale	STAGE	Т	ATE / PIC
	SMIC 5970 F X	U112381649392,1	5-0.17. MAIS	Non-Reporting ltr (MIE/IIC
i.	SPICE			Non-Reporting ltr (2		
	. 454			Non-Reporting ltr (I		
26/06/2020		alataila		Notification ltr (if n	on-pickup):	
20/00/2020	Pls refer to VIEWS for	details.		Call OI: After call ltr to OI:		
				Documentation Cl	ack Lists Handle	r Typist
				Notification ltr (if n	NAME OF TAXABLE PARTY.	1 Lypist
121				After call ltr to OI:	on piekap)	
				Authorisation To A	ct:	
				Release Voucher:		
				Fipal Repair Bill:		
			,	Car Rental Invoice:		
				Towing Invoice		
				LTA/GIA:		
				Medical Bill:		
el .				PIR:		
				Mandate/Reject Ir	struction:	
				LOD		
		6		Payment Breakdo	wn Form:	
THE RESERVE AND ADDRESS OF THE PERSON NAMED IN	Th. (PTO!	Sent By:		Post-Repair Photo	os:	
LIMINARY ADVICE	Date/Time:					
				Others:	_	
ALIZATION	Date/Time:	Confirm with:	1	Others: Confirm by:		
ALIZATION fir Cost: L/sum	Date/Time: S\$4,500.00 (04 days)	Confirm with:) Reduction: 85	%	Confirm by:	Email Ca	11
ALIZATION ir Cost: L/sum AL SETTLEMENT	Date/Time: S\$4,500.00 (04 days) Date/Time:26/06/2020 Confirm	Confirm with:) Reduction: 85 with Wai Yin		Confirm by:		11
ALIZATION ir Cost: L/SUM AL SETTLEMENT Liability:	Date/Time: \$\$4,500.00 (04 days) Date/Time:26/06/2020 Confirm % 100 — (Agreed / Assessed	Confirm with:) Reduction: 85		Confirm by:		11
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S\$ S\$ Name 2:

Name 3:

Payee 2: (Strike if N.A.) Payee 3: (Strike if N.A.)