15/5/2010		CC 6/ CTI 190	13584,	Kla o h	IDAC:	
INS. CASE OWNE	mp	ASSIGN	MENT A	Aba3q2 Date / Time:	1/8/19	
Sarveyor.				Registered in Merim	en:	
Pre-assign / CCU	/FTE	16.0.10		1000		
Insured Vehicle N	GBB 3	328K	Claim No.			
					· Var	
Name of Insured	A		Policy No.	· 		
Insured Tel No.	:I	HP:	Make / Model	·		
Excess Sec II :S\$	I	D.O.A: 31 719	Place of Accid	lent :	•	
Is driver the owne	r? (YES / NO)	Nature of Accident :				
If NO, Driver Na Driver Tel		(V/L: YES / NO)	OI GIA REPO Insured Liabil		GIA REPORT: YES / NO Final? Yes / No	
suzn	u				+	
INSRS: WSP: Q1 My Tel: Liability: RMKS:	INSRS: WSP: Tel: Liability RMKS:		INSRS: WSP: Tel: Liability: RMKS:		INSRS: WSP: Tel: Liability: RMKS:	
Date/ Time		TOUR METERS				
		A The State of the		STAGE	DATE / PIC	
				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 Chec	k List: Handler Typist	
				Notification ltr (if non		
	- 1000			After call ltr to OI:	pickup)	
				Authorisation To Act:		
		Mar a All		Release Voucher:		
				Final Repair Bill:		
				Car Rental Invoice:	V L	
02/03/2021	CETTLED AND CL	OSED / EII E IN DE		Towing Invoice		
02/00/2021	SETTLED AND CL	USED / FILE III DE	KAVVER	LTA / GIA : Medical Bill:		
				PIR:		
	CARL NO. O. V.			Mandate/Reject Instr	ruction:	
	to Title I a might be a	A CONTRACTOR		LOD		
			And the second	Payment Breakdown	Form:	
RELIMINARY ADVICE	Date/Time: Sent By:			Post-Repair Photos:		
IN A Y 17 A TYON	D.4. 70°	0 0 11		Others:		
INALIZATION epair Cost: L/S	Date/Time: \$\$ 15,800.00 (16	Confirm with: days) Reduction: 64.3	3 %	Confirm by:	Email Call	
INAL SETTLEMENT		Confirm with JADE	3 %	Email Call	smail Call	
inal Liability:		Assessed) BOLA S/N No. :	NIL	If NO or B 28, Ass.	Lia:	
epair Cost: (W/GST)	ss 16,906.00					
oss of Rental (LOR):	s\$ 3,750.00 (25 days) x \$150.00			OID hit TP		
oss of Use (LOU):	S\$ (\$ x	days)	a marting the	70		
OR only LOU only	S\$ (\$ x	days)	ما			
IA/LTA Search	LOR+LOU LOI ss 7.45	R + LOI [Tick only on	ej			
fedical:	S\$ 7.45			1) Claim status: Nor	mal/Reject/Private Settle	
isbursement:	S\$ (e.g. Tow/ Independent)			2) Report Format:		
egal Cost	S\$			3) Survey fee:	\$400.00	
otal:		Global Sum SS: 20,65	0.00			
INAL PAYMENT		Confirm with:		Email Call	A A A A A	
Payee 1:		Name 1: 96 MOTO	JKSPUR I	SHIFFI	U	
Payee 2: (Strike if N.A.)		Name 2:		The many		
Payee 3: (Strike if N.A.)	S\$ 1	Name 3:	March 1997			