INS CASE OWN	TER CHAN HONG	cc 6 , A190	13948,	Aba3	LKK: IDAC:	
Surveyor:	ASSIGN	ASSIGNMENT		8/8/19		
Pre-assign / CC	_ lwl		. (	Registered in Mer	men: 1319	19
Insured Value of Comp 6039U				: 019 4060 18166		
Name of Insured	110.		Claim No. Policy No.	01110001000		
Insured Tel No.		HP:	Make / Model	:		_
Excess Sec II :S		D.O.A: 81812019	Place of Accid			
Is driver the own						
If NO, Driver Name / Age : Driver Tel No. :				ORT: YES / NO; TP GIA REPORT: YES / NO		
SIDGLOV		(V/L: YES/ NO ) Insured Liabil		ty: % Final: 165/NO		
300 110	<u> </u>				<b>→</b>	
INSRS: WSP:	MAY A INSR.	0 1	INSRS: WSP:		INSRS: WSP:	
Tel: Liability:	Tel:	1)—a	Tel:	A-A	Tel: Liability:	
RMKS:	Liabil:		Liability: RMKS:		RMKS:	
Date/ Time						
	SLOTIOK-X:	Grobborg U	- X	STAGE Non-Reporting ltr (		E / PIC
` ,		30007		Non-Reporting ltr (	2nd):	
15/1 6 m. to and 1st lefter.				Non-Reporting ltr (Final):  Notification ltr (if non-pickup):		
16 08/19 - MUE GUNEWED. CONFLICTING OFFICIONS OUTTING CAME. OID REPORTED OUT				Call OI:  After call itr to OI: ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (		
	POOTAGE.	Old matches	DOL OTAG	Notification ltr (if n		
	- AMAIL CHAIN	H UNOCHEC		After call ltr to OI:		
THE VIDEO IN. VIVIOLOME GOSAN				Authorisation To A	ct:	
16/08/19	- GUAL TO AG	ton Restonal	APPROVAL	Release Voucher: Final Repair Bill:		
10100119	- andric co wie	FOIC POSCINO	MHPOINE	Car Rental Invoice:		
				Towing Invoice		
				LTA / GIA :		
0 1 2 2 2 2	<del> </del>	By (staff) : Just		Medical Bill:		
2019 2020	ripet cose.	By (staff) : Just	L L	PIR:		<del> </del>
		Date : 29	19/20	Mandate/Reject In LOD	istruction:	
				Payment Breakdo	wn Form:	
PRELIMINARY ADVICE	Date/Time:	Sent By:		Post-Repair Photo	os:	
		0 6 3		Others:		
FINALIZATION  Repair Cost: L/S	Date/Time: S\$ 4.900.00 (	Confirm with:  5 days) Reduction: 35.5	57 %	Confirm by:	Email Call	
Repair Cost: L/S FINAL SETTLEMENT	Date/Time:	Confirm with	70	Email Cal		
Final Liability:		Assessed) BOLA S/N No.:	世 15.	If NO or B 28, As		
Repair Cost:	ss —			10	1 /	1
oss of Rental (LOR):	SS — (	days)		TP chan	ge lane (v	deo in).
oss of Use (LOU):	S\$ — (\$ x	days)	THE TANK NO	8 024 A F		
oss of Income (LOI): OR only LOU only	S\$ — (\$ x	days) OR + LOI [Tick only one	e]	10000		
GIA/LTA Search	ss —		artinger Altrida	and the second	_	
fedical:	ss —		Manager Comment		Normal Reject/Private	: Settle
eisbursement:	ss —	(e.g. Tow/ Independen	nt)	2) Report Forma		0.00
egal Cost	ss —	Global Sum SS:		3) Survey fee:	1 7 52	0.00
otal: INAL PAYMENT	Date/Time:	Confirm with:		Email Ca		
ayce 1:	ss —	Name 1:				
ayee 1:  ayee 2: (Strike if N.A.)	Ce	Name 2:				
ayee 3: (Strike if N.A.)	ss —	Name 3:				