15			

Surveyor:

CC3/CTI19014164/Eka3

LKK:
IDAC:

ZIMI	CASE	OWNER:

13/08/2019 STEVE DOI:

ASSIGNMENT

13/08/2019

Registered in Merimen:	-
Registered in Mermien.	

Pre-assign / CCU / FTE

Name of Insured

Insured Tel No.

Excess Sec II :S\$



GBJ 5951X Insured Vehicle No.

HP:

D.O.A: 09/08/2019

(YES / NO) Nature of Accident: Is driver the owner?

If NO, Driver Name / Age:

(V/L: YES / NO) Driver Tel No.:

Place of Accident:

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO Final? Yes/No Insured Liability:

SHB 706S



INSRS: WSP: SMRT, WL

Tel: Liability: RMKS:



INSRS: WSP: Tel: Liability:

RMKS:



INSRS: WSP:

Claim No.

Policy No.

Make / Model

Tel: Liability: RMKS:



INSRS: WSP: Tel:

Liability: RMKS:

Date/ Time		
	SHB 706S - CC4/EGI19012802/Eka3; [OOA: 16/07/2019 STAGE DATE/PIC
	- NS/INC16006721/K1abn2 · F	OOA 09/04/2016 Non-Reporting ltr (1st):
	- NS/INC16012771/K1qbc2 ; D	OOA: 07/07/2016 Non-Reporting ltr (2nd):
	- CC4/AXA15012402/K1ya3s2	DOA: 20/7/15 Non-Reporting ltr (Final): Notification ltr (if non-pickup):
	GBJ 5951X - X	Call OI:
		After call ltr to OI: Documentation Check List: Handler Typist
11/9/2020	NO OI GIA. OI IN JAIL. CTI APPROVED TO SET	
Khanchna		After call ltr to OI:
		Authorisation To Act:
		Release Voucher:
		Final Repair Bill:
		Car Rental Invoice:
		Towing Invoice
		LTA / GIA :
		Medical Bill:
		PIR:
		Mandate/Rejeet Instruction:
		LOD
		Payment Breakdown Form:
RELIMINARY ADVICE	Date/Time: Sent By:	Post-Repair Photos:
RELIMINARY ADVICE	Date Time.	Others:
TNALIZATION	Date/Time: Confirm with:	Confirm by:
INALIZATION P/P		
tepair Cost: P/P TNAL SETTLEMENT	S\$ 4,129.69 (3 days) Reduction: 2,3 Date/Time: 11/9/2020 Confirm with LEE GEK	Email Call
	% 100 (Agreed / Assessed) BOLA S/N No.:	
inal Liability:	S\$ 4,129.69	NO OI GIA. OI IN JAIL. CTI APPROVED
epair Cost:	\$\$ 580.50 (5 days) X \$116.10	TO SETTLE
oss of Rental (LOR):	S\$ (\$ x days)	
oss of Use (LOU):		
oss of Income (LOI):	S\$ 250.00 (\$ 50 x 5 days) LOR + LOU LOR + LOI (Tick on	ly one]
OR only LOU only		ly one;
GIA/LTA Search	S\$ 7.00	Claim status: Normal/Reject/Private Settle
fedical:	S\$	
Disbursement:	S\$ (e.g. Tow/ Indep	¢ 400
	\$\$	3) Survey fee.
	S\$ 4,967.19 Global Sum S\$: 4,960.0	
	and sell most	
Total:	Date/Time: Confirm with:	Email Call
Legal Cost Fotal: FINAL PAYMENT Payee 1:	and sell most	
Total: FINAL PAYMENT	Date/Time: Confirm with:	

ASSIGNMENT Date: 13 8 14	ASS. REC. BY: TOVE REF: China taply		
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Truck / Trailer or Make: Toyling Multiple Multiple Make: Toyling Multiple Multiple			- /
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Steering: (florder / Jammed / Leaked / Burnt or Brake: Integral / Jammed / Leaked / Burnt or Brake: Integral / Jammed / Leaked / Burnt or Modi: Nil / ERini) / STD A/Rim or Tyre Size: F: 97 / SOUN / EXNOVA / GY / FS / LLZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Will / ERini)	Policy No.		13/40003 70073
C(Client's Record) Acke of Veh: Brake: Incredit Jammed / Leaked / Burnt or Modi: Nill / E(Rim) / STD A/Rim or Tyre Size: F: 97 SOCIUM / Remark: The veh had commenced its repair at the time of inspection. Nill / E(Rim) / STD A/Rim or Tyre Size: F: 97 SOCIUM / Remark: The veh had commenced its repair at the time of inspection. Nill / E(Rim) / STD A/Rim or Tyre Size: F: 97 SOCIUM / Remark: The veh had commenced its repair at the time of inspection. Nill / E(Rim) / STD A/Rim or Tyre Size: F: 97 SOCIUM / Remark: The veh had commenced its repair at the time of inspection. Nill / E(Rim) / STD A/Rim or Tyre Size: F: 97 SOCIUM / Remark: The veh had commenced its repair at the time of inspection. Nill / E(Rim) / STD A/Rim or Tyre Size: F: 97 SOCIUM / Remark: The veh had commenced its repair at the time of inspection. Nill / E(Rim) / STD A/Rim or Tyre Size: F: 97 SOCIUM / Remark: The veh had commenced its repair at the time of inspection. Nill / E(Rim) / STD A/Rim or Tyre Size: F: 97 SOCIUM / Remark: The veh had commenced its repair at the time of inspection. Rear / OVO / NOKO or World / Not / Nov / Not / Nov / No	Claims No.		
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Policy Condition Remark: The veh had commenced its repair at the time of inspection. Solution	Make of Veh:	Modi: Nil / S/Rim / STD A/Rim or	7,00
Remark: The veh had commenced its repair at the time of inspection. Bal. or Market Value: IDAC Accident Rport: Consistent?: Yes or No Est. Repairs: days Res.: Yes or No CLIM Sum: % 3 Val.: Yes or No Date: Person Contacted: Date / Time Action / Instruction DeterTime, File Peas to? 1) DeterTime, File Return to? 2) Add Fee: 3 Sum / Exnova / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Wind kit TOYO / YOKO or Wind kit Front Rear RBal. mm RBal. mm LBal. Jmm LBal. Jmm D.O.A. 9 189 9 D.O.A. 9 189 9 D.O.A. 9 189 9 D.O.A. 9 189 9 Deter / Rear / O/S / N/S / U/C / Reoftop or Of Damages: The U/C / Chassis frame / Body Structure affected due to collision OK / 9 19 19 19 19 19 19 19 19 19 19 19 19 1		Tyre Size: F: 73/30	(/)
repair at the time of inspection. Bal. or Market Value: IDAC Accident Rport: Consistent?: Yes or No GIA / PR Seen: Consistent?: Yes or No Lum Sum: % 3 Val.: Yes or No CA / REV / REP. / 24 HRS V2 Date: Person Contacted: Date / Time	(Policy Condition)	R:	
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Date / Time Action / Instruction Date / Time Action / Instruction	repair at the time of inspection.	TOYO I YOKO or West 1/4	
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GIA / PR Seen: Consistent?: Yes or No Est. Repeirs: days Res.: Yes or No Lum Sum: % 3 Val.: Yes or No CA / REV / REP. / 24 HRS 1/2 Date: Person Contacted: Des. of Damages: Frt Rear / O/S / N/S / U/C / Rooftop or The U/C / Chassis frame / Body Structure affected due to collision Dete/Time, File Pass to? : Final Report President Resurvey No. of Trip: Survey Fee: Transportation: Dete/Time, File Return to? : Site Insp (\$) S+RS_SI Interview (\$) Photos Report Format: : Tech. Invs (\$) Others L/Bal.	IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 5 mm	R/Bal. mm
Est. Repairs: days Res.: Yes or No Lum Sum: % 3 Val.: Yes or No CA / REV / REP. / 24 HRS \(\text{P} \) Date: Person Contacted: Vehicle: IN / OUT Date / Time	0 11 10 V No	L/Bal. mm	L/Bal mm
Lum Sum: % 3 Val.: Yes or No CA / REV / REP. / 24 HRS 1/93 Date: Person Contacted: Date / Time Action / Instruction Date/Time, File Pass to? 1) Date/Time, File Return to? Add Fee: Survey held at Des. of Damages : Frt Rear / O/S / N/S / U/C / Rooftop or	Door Voe or No	D.O.A. 9/8/19	D.O.I. /3/8/19
Date: Person Contacted: Vehicle: IN / OUT Date / Time Action / Instruction Action / Instruction Action / Instruction Date/Time, File Pass to? Prell. Report Prel	2 Val. Van er No	'Survey held at	1
Vehicle: IN / OUT Date: Person Contacted: The U/C / Chassis frame / Body Structure affected due to collision Object / Time		Des. of Damages : Frt Rear / O/S /	N/S / U/C / Rooftop or
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