Surveyor:    Surveyor:   DOE   ASSIGNMENT   Date / Time   Registered in Merimen:   Date / Time   Date / Dat	15/5/2010	00 4 magaz 6	17 ( , 6	Plan. ILKK: IDAC:
Pre-assign / CCU / FTE Insured Vehicle No. : SHEADY J. Claim No. : Insured Tel No. : HP: Make / Model : Insured Tel No. : D.O.A : A May Place of Accident : Insured Tel No. : D.O.A : A May Place of Accident : If NO. Direct Tel No. : (VIz. YES / NO.) Insured Liability : % Final 7 Ves / No  Driver Tel No. : (VIZ. YES / NO.) Insured Liability : % Final 7 Ves / No  SG 5 9 6 R  INSRS: WSP: WSP: WSP: WSP: WSP: WSP: WSP: WS	INS. CASE OWNER			IDAC.
Surveyor:    Date   Time:   Date   Time:   Date   Time:   Date   Time:   Date   Time:   Date		(7 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		ulala.
Pre-assign / CCU / FTE   Insured vehicle No. :   SH & HP   Sh & Sh	Surveyor:	DOI:	(MICH	Date / Time :
Insured Vehicle No. :   SH & U & J .   Claim No. :   Policy No. :     Policy No. :     Policy No. :     Policy No. :       Policy No. :       Policy No. :         Policy No. :	Pre-assign / CCU	/ FTE		Registered in Merinien.
Name of Insured Insured Tel No. : IIP: DICY No. : IIP: Place of Accident : IIP: Place of Accident : IIP: Place of Accident : IIP: IIP: IIP: Place of Accident : IIP: IIP: IIP: IIP: IIP: IIP: IIP: I		SM 80 W3 7.		
Insured Tel No.  Excess See II :S  Is driver the owner?  (YES / NO )  Nature of Accident:  If NO, Driver Name / Age:  Driver Tel No.:  (VES / NO )  Nature of Accident:  If NO, Driver Name / Age:  Driver Tel No.:  (VI_YES / NO )  Insured Liability:  (VI_YES / NO )  Insured Liability	Insured Vehicle No	. :	Claim No.	:
Excess See II :SS   Is driver the owner?   (YES / NO )   Nature of Accident :   Place of Accident :     Place of Accident :     Place of Accident :     Place of Accident :	Name of Insured	:	Policy No.	:
Is driver the owner?  If NO, Driver Name / Age:  If NO, Driver Name / Age:  Driver Tal No:  (V/L YES / NO)  Insured Liability:  SG 5 8 6 R  INSRS:  WSP:  Tel:  Te	Insured Tel No.	:HP:	Make / Model	:
If NO, Driver Name / Age: Driver Tel No.:  (V/L: YES / NO) Insured Liability:  (WSP: Tel: Tel: Tel: Tel: Tel: Tel: Tel: Tel	Excess Sec II :S\$	D.O.A: 9 9 UN.	Place of Accid	ent :
Driver Tel No. :	Is driver the owner	? (YES / NO ) Nature of Accident :	<u> La calabar</u>	
Driver Tel No :	If NO, Driver Nan	ne / Age :	OI GIA REPO	RT: YES / NO ; TP GIA REPORT: YES / NO
INSRS:   WSP:   Tel:   Lability:   Labil			Insured Liabili	ty: % Final? Yes/No
WSP: Tel: Liability: RMKS: R	89 5869	(F		
WSP: Tel: Liability: RMKS: R			n.co.c	MCDC.
Lability : RMKS:   RMKS:   RMKS   R				0 11
Date   Time   TAGE   DATE   PIC   Non-Reporting liv (1at)   Non-Repo	П п тег.	H H M		пп
Date   Time	M. M.	1/4 -1/1		N# -WI
STAGE   DATE/FIC   Non-Reporting ltr (1st):   Non-Reporting ltr (1st):   Non-Reporting ltr (2st):		RIVIAS:	RIVINS.	Kiriko.
Non-Reporting Itr (1st):   Non-Reporting Itr (	Date/ Time	1 do 1-65-0 0 - 5		CTACE DATE/PIC
Non-Reporting Itr (Tand):		1 100	4 1101.8	
Notification bit (if non-pickup):   Call OI:		SH 89437 - MON ( W 4007 67/4 D	TH: MUNICI	Non-Reporting ltr (2nd):
Call OI:		. 0		
25/08/2020   Pls refer to VIEWS for details.   Documentation Check List: Handler Typist				
Notification by (If non-pickup)				After call ltr to OI:
After call lit to OI:	25/08/2020	Pls refer to VIEWS for details.		
Authorisation To Act:				
Release Voucher:				
Final Repair Bill:				
Car Rental Invoice				
LTA / GIA :     Medical Bill:				
Medical Bill:   PIR:   Mandate/Reject Instruction:   LOD   Payment Breakdown Form:   Payment Breakdown Form:   Others:   Others:   Date/Time:   Confirm with:   Confirm by:   Confirm by:   Confirm by:   Email   Call   Email   Call				Towing Invoice
PIR:				LTA / GIA :
Mandate/Reject Instruction:   LOD				Medical Bill:
LOD				PIR:
Payment Breakdown Form:				
NALIZATION   Date/Time:   Confirm with:   Confirm by:				
NALIZATION   Date/Time:   Confirm with:   Confirm by:	PRELIMINARY ADVICE	Date/Time: Sent By:		
Paper   Cost   P   P   S\$ 1,012.50 ( 2 days)   Reduction: 62 %   Email   Call				
Date/Tim25/08/2020   Confirm with   Jimmy   Email   Cal     Inal Liability:	FINALIZATION			Confirm by:
Date/Tim25/08/2020   Confirm with   Jimmy   Email   Cal     Inal Liability:	Repair Cost:P/P	s\$ 1,012.50 ( 2 days)Reduction: 62	%	
Equir Cost: 1,012.50   S\$ 506.25   S\$ 506.25   S\$ 506.25   S\$ ( days)   S\$ of Rental (LOR):   S\$ ( days)   S\$ of Use (LOZ/50.00   S\$ 375.00 (\$300 \$2.5 days)   S\$ of Income (LOI):   S\$ (\$ x days)   S\$ of Income (LOI):   S\$ of Income (LOI):	FINAL SETTLEMENT	Date/Tim25/08/2020 Confirm with Jimmy	40	
SS   Gays	Final Liability:		18	If NO or B 28, Ass. Lia:
SS   ST   ST   ST   ST   ST   ST   ST		55 506.25		
SS   SS   SS   SS   SS   SS   SS   S				
LOU only	Loss of Income (LOI):	S\$ (\$ x days)		
Indicate   S\$	-	LOR + LOU LOR + LO [Tick only	one]	
S\$   (e.g. Tow/ Independent )   2) Report Format: TP	GIA/LTA Search			
S\$   S\$   S\$   S\$   S\$   S\$   S\$   S\$	Medical:			
otal:         \$\$ 881.25         Global Sum \$\$: 880.00           INAL PAYMENT         Date/Time:         Confirm with:         Email         Cal           ayee 1:         \$\$ 880.00         Name 1:         SMRT BUSES LTD			dent)	3) Survey fee: \$350.00
INAL PAYMENT				[3] Survey tee.   \pu \u000.00
ayee 1: S\$ 880.00 Name 1: SMRT BUSES LTD				Email Cal
			SES LTD	
	Payee 2: (Strike if N.A.)	S\$ Name 2:		
	Payee 3: (Strike if N.A.)			