CC3/CTI19016202/Epa3q2

	15/5/2010		1 3 6	202, BE63	LKK:			
	INS. CASE OWNER:		CC /CTH901	7-2, OEV.	IDAC:			
		steve	ASSIGNME	ENT	1/1			
	Surveyor:	> 1001	DOI: VS &	Date / Tin	me: V8 (8 0			
	July 1901.			Registere	d in Merimen:			
	Pre-assign / CCU /	FTE (b >	7 4 0		-			
	980		72439	Olaim Na				
	Insured Vehicle No.	, : <u> </u>		Claim No. :				
	Name of Insured	:		Policy No. :		_		
	Insured Tel No.	:	HP:	Make / Model :				
	Excess Sec II :S\$		D.O.A: 27 8 19.	Place of Accident :				
	Is driver the owner?	(YES / NO)	Nature of Accident :					
				OLCIA DEDORT: VES /	NO ; TP GIA REPORT: YES	E/NO		
	If NO, Driver Nam		(V/L: YES / NO) Insured Liability :		% Final? Yes/No	17140		
	Driver Tel N		(V/L, 1E37 NO)	llistited Liability .	y. 111111. 1037.10			
	SMB 1675	№						
-	niana	niche	The second secon	niene.	INSRS:			
	WSP: SWA	T INSRS	1) 11	INSRS: WSP:	WSP:			
HH	Tel:	Tel:	11—11	Tel:	Tel:			
K V	Liability:	Liabilit	1/1	Liability:	Liability:			
	RMKS:	RMKS	S: 1920	RMKS:	RMKS:			
	Date/ Time							
		SMB1V75B-X	G 807 + W374 - K	STAGE		E/PIC		
					rting ltr (1st):			
					rting ltr (2nd): rting ltr (Final):			
					on ltr (if non-pickup):			
14/03/2021		Pls refer to Views for details.		Call OI:	Call OI:			
		1 10 10101 to 1	TOWO TOT GOTATIO.	After call	tr to OI:			
				Documen	tation Check List: Handler	Typist		
				Notification	on ltr (if non-pickup)			
			r e	After call	tr to OI:			
				Authorisat	tion To Act:			
				Release V				
			Final Repa					
				Car Rental				
				Towing In				
			LTA / GIA					
			Medical B	ill:				
			PIR:					
				Reject Instruction:				
				LOD	Breakdown Form:			
DDEI IN	IINARY ADVICE	Data/Time:	Sent By:		air Photos:			
I KELIIV	INAKI ADVICE	Date/Time.	Sent By.	Others:	all Photos.			
FINALIZ	ZATION	Date/Time:	Confirm with:	Confirm	hv			
			3 days)Reduction: 58	%	Email Call			
		Date/Time14/03/2021		Email	Cal			
Final Liab			/ Assessed) BOLA S/N No. : NIL		B 28, Ass. Lia:			
Repair Cost: \$\$ 1,450.00			resessed) Dozar Sriving	111001				
Loss of Rental (LOR): S\$ (days)								
Loss of Use (LOU): S\$ 1,500.00 (\$ x days) x \$250								
Loss of Income (LOI): S\$ (\$ x days)								
LOR only	LOR only LOU only LOR + LOU LOR + LO [Tick only one]							
GIA/LTA Search S\$ 7.00								
Medical:					1) Claim status: Normal/Reject/ rivate Settle			
			(e.g. Tow/ Independent)	2) Report Format: TP				
Legal Cost S\$ 3) Survey fee: \$400.00								
Total: S\$ 2,957.00 Global Sum S\$: 2,900.00								
FINAL I	PAYMENT	Date/Time:	Confirm with:	Email	Caï	-		
Payee 1:		ss 2,900.00	Name 1: SMRT Buses	Lta				
Payee 2:	(Strike if N.A.)	S\$	Name 2:					
D 2.	(Strike if N. A.)	C.C.	Name 3:					

A 370VC			
ASSI	GNMENT		
First Date:	Vel No SMB 1625B YrRegn 13/2/15		
Est	M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /		
OD TPTWSTTP RES/OD RES/EVA/INV/MV	Truck / Trailer or		
To a good vession No:	Make MAN NL 320F 00 10518		
at Windishop (1)	Colour Malt Colour A/C: Insured / Std / N		
of	Spreading 7 5001 T/Radio: Insured / Std / N		
Instal	Eng/No:		
Polys N	CANO: WMAA 2222 6F 7002611		
Change	Gen Cond: Good / Fair / Poor / Burnt		
Sum resures Excess:	Steering: Inorder / Jammed / Leaked / Burnt or		
(Client's Rec. (d)	Size: Ingretor / Jammed / Leaked / Burnt or		
Make of yell	Nil / S/Rim / STO A/Rim or		
	Tyre Size: F: 275/70R22-5		
(Policy Condition)	R:		
Remark: The veh had commenced its N/S 0/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /		
repair at the time of inspection.	TOYO/YOKO or Film29		
Bai ci Market varue:	Front Rear		
IDAC 4ccxferr Rport: Consistent? : Yes or No	R/Bal. S mm - R/Bal. S		
GIA PR Seen. Consistent? : Yes or No	L/Bal. S mm L/Bal. S		
Est Fepairs days Res.: Yes or No	D.O.A. 27/8/19 D.O.I.28/8/19		
Lun 18 % 3 Val.: Yes or No	Survey held at SMR7		
70 5 70 110	Des of Damages : Frt / Rear / O/S// N/S / U/C / Rooftop or		
CA / REV / REP. / 24 HRS	Des of Damages : Pri / Rear // DIS/ 14/5 / G/C / Roottop of		
Vehicle: IN / OUT Date Person Contacted:	The U/C / Chassis frame / Body Structure affected due to co		
Date time Action / Instruction			
3			
- 1 1 1 1			
Preli. Report	Days Of Repair:		
	Resurvey No. of Trip: Survey Fee		
Date. The Teacher to 7	Transportation		
Add Fee:			
	Interview (\$) Photos		
Report Format	Tech Invs (\$) Others		
Lump Sum J.B.I: (\$. Weekend (\$)		
	TOTAL		