15/5/2010 INS. CASE OWNER	Refer	CC 4 AXA1901	8176, A1	LKK: IDAC:
Surveyor:	ASSIGN		W Da	nte / Time :
Pre-assign / CCU Insured Vehicle No Name of Insured Insured Tel No. Excess Sec II :S\$ Is driver the owner	:H		Claim No. : Policy No. : Make / Model : Place of Accident :	SAM02315 (142055
If NO, Driver Nan	If NO, Driver Name / Age : Driver Tel No. : (V/L: YES		OI GIA REPORT: YES / NO; TP GIA REPORT: YES / NO O) Insured Liability: % Final? Yes / No	
SER 6829	3. SKV 9787H		SJE 8012T Smg 8544C	
INSRS: WSP: Tel: Liability: RMKS:	INSRS: WSP: Tel: Liability: RMKS:		INSRS: WSP: Tel: Liability: RMKS: () \	INSRS: Hun WSP: wing. Tel: Liability: RMKS:
Date/ Time	CM IN VOTOR IS	01250-71	le er	AGE DATE/PIC
	Smut 8544c-t	S/E8017-		on-Reporting ltr (1st):
	OINR			on-Reporting ltr (2nd):
	FUIVE			on-Reporting ltr (Final): otification ltr (if non-pickup):
				Il OI:
				iter call ltr to OI:
			Do	cumentation Check List: Handler Typist
			No	otification ltr (if non-pickup)
			Af	ter call ltr to OI:
			Au	thorisation To Act:
			Re	lease Voucher:
			Fir	nal Repair Bill:
			Ca	r Rental Invoice:
			To	wing Invoice
			LT	'A / GIA :
			Mo	edical Bill:
			PII	R:
				andate/Reject Instruction:
				DD L
				syment Breakdown Form:
PRELIMINARY ADVICE	Date/Time:	Sent By:		ost-Repair Photos:
POTALLY VOLUME CO.	D . M'	0.6		thers:
FINALIZATION	Date/Time:	Confirm with:		onfirm by: Email Call
Repair Cost:	S\$ (days) Reduction:	%	
FINAL SETTLEMENT		onfirm with		nail Cal
Final Liability:	% (Agreed / As	ssessed) BOLA S/N No. :	lf .	NO or B 28, Ass. Lia:
Repair Cost: Loss of Rental (LOR):	S\$ (days)		
Loss of Use (LOU):	S\$ (\$ x	days)		
Loss of Income (LOI):	S\$ (\$ x days) S\$ (\$ x days)			
LOR only LOU only		R + LO [Tick only o	nel	
GIA/LTA Search	S\$	[I I I I I I I I I I I I I I I I I I I		
Medical:				Claim status: Normal/Reject/Private Settle
Disbursement:	S\$ (e.g. Tow/ Independent)			Report Format:
Legal Cost	S\$ 3) Survey fee:			
Total:		lobal Sum S\$:		
FINAL PAYMENT		onfirm with:	Er	nail Cal
Payee 1:		fame 1:		
Payee 2: (Strike if N.A.)		Jame 2:		
Payee 2: (Strike if N.A.)		lame 3:		
r ayee 3. (Surke II IV.A.)	150	mine 91		

ASSIGNMENT

From: Date:	Veh No: SMA 854/C , Yr Regn: 2018 / June .		
Estimated Cost: A Emiss	Type: M.Carl M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /		
OD / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or September 2015		
To Inspect Vehicle No:	Make: Horda Shuttle c.c 1496		
at Workshop m/s	Colour Blue - A/C: Insured / Std / NI / NA		
of	Sp.Reading 38368 , T/Radio: Insured / Std / NI / NA		
Insured:	Eng/No:		
Policy No.	C/No: GK81202609 .		
Claims No.	Gen. Con Good Fair / Poor / Burnt		
Sum Insured: Excess:	Steering: Norther / Jammed / Leaked / Burnt or		
(Client's Record)	Brake: (norder / Jammed / Leaked / Burnt or		
Make of Veh:	Modi: Nil S/Rim / STD A/Rim or		
0.20,730007	Tyre Size: F: 205/50 R16_		
(Policy Condition)	R: 205/50R16.		
Remark: The veh had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /		
repair at the time of inspection.	TOYO / OKO or		
Bal. or Market Value:	<u>Front</u> <u>Rear</u>		
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 66 mm R/Bal. 66 mm		
GIA / PR Seen: Consistent?: Yes or No	L/Bal. ab mm L/Bal. ab mm		
Est. Repairs: days Res.: Yes or No	D.O.A. D.O.I. 124 10/19.		
Lum Sum: % 3 Val.: Yes or No	'Survey held at Hua meny'		
CA / REV / REP. / 24 HRS	Des. of Damages : Frt Rear O/S / N/S / U/C / Rooftop or		
Vehicle: IN / OUT			
Date:Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.		
Date / Time Action / Instruction	•		
LYAXA.			
arbore will have been been been provided			
mv:			
PV:			
Nett,			
Date/Time, File Pass to? : Preli. Report	Days Of Repair:		
1) : Final Report	Resurvey No. of Trip: Survey Fee:		
Date/Time, File Return to?	Transportation:		
2) Add Fed	9: Site Insp (\$)s+Rssi		
	: Interview (\$) Photos		
Report Format :	: Tech. Invs (3) Others		
Lump Sum / I.B.J: (%	: Weet and (%		
	TOTAL		