	15/5/2010		1- 8	V43, 1	10107	LKK:		
	INS. CASE OWNER:		CC 4/AIG1901 6	1019 /	/(000	IDAC:		
			ASSIGNM	ENT		15/10/19		
	Surveyor:	murus.	DOI:	100	Date / Time :			
			,	C .	Registered in Merim	en: 16/10/19		
	Pre-assign / CCU /		0836.					
	Insured Vehicle No	. :		Claim No. :				
A	Name of Insured	NG HAI HUNG	ANDREW	Policy No.	:			
	Insured Tel No.	:	HP: Make / Model		:			
	Excess Sec II :S\$	_^	Place of Accident :					
	Is driver the owner?	/ ')	D.O.A: 14/10/19 · Nature of Accident:					
	If NO, Driver Nam	Driver Name / Age : LEUNG WING YEE HELEN			OI GIA REPORT YES / NO ; TP GIA REPORT YES NO			
		Driver Tel No. : (V/L:YES)			Insured Liability: % Final ? Yes / No			
	9CP 9083	6 - skg	26488.	50L 5895H GRH +6965				
		nico c	a washing was	n ion o		DICDC		
	INSRS: WSP:	INSRS WSP:	. foom 1	INSRS: WSP:		INSRS: WSP:		
H	Tel:	Tel:	moto wer of	Tel:	H	Tel:		
	Liability : RMKS:	Liabilit RMKS		Liability : RMKS:		Liability : RMKS:		
	Date/ Time		. 11					
-	Date/ Time	SIC9 26985 - X	860 00876	- X	STAGE	DATE / PIC		
		710-1 10-10-7	- 0 p = 10 0 79		Non-Reporting ltr (1st)			
					Non-Reporting ltr (2nd):			
				1	Non-Reporting ltr (Final): Notification ltr (if non-pickup):			
					Call OI:			
					After call ltr to OI:			
					Documentation Check List: Handler Typist			
					Notification ltr (if non- After call ltr to OI:	pickup)		
					Authorisation To Act:			
					Release Voucher:			
					Final Repair Bill:			
4					Car Rental Invoice:			
					Towing Invoice LTA / GIA:			
-					Medical Bill:			
					PIR:			
					Mandate/Reject Instr	ruction:		
					LOD			
DDELIV	IINARY ADVICE	Date/Time:	Sent By:		Payment Breakdown Post-Repair Photos:	rorm:		
RELIN	IIIAKI ADVICE	Date/Time.	Schi by.		Others:			
	ZATION	Date/Time:	Confirm with:		Confirm by:			
Repair Cost: (Isla low) S\$ 3111.00 (days) Reduction: 8\ % Email Call								
FINAL SETTLEMENT Date/Time: 4/9/2070 Confirm with Ely Email								
Final Lia	ost: (Total loss)				If NO or B 28, Ass. Lia: 100% 4 reh C. C. OI way last			
	Rental (LOR):	S\$ - (days)			Then C. C. of way last			
	Jse (LOU):	S\$ 770.00 (\$ 110 x 7 days)						
Loss of I	of Income (LOI): S\$ / (\$ x days)							
LOR only	-		OR + LO [Tick only one]	Į.				
GIA/LTA Medical:		S\$ 7.45			1) Claim etatue: Nor	mal/Reject/Private Settle		
Disburse								
Legal Co	st S\$				3) Survey fee: \$320			
Total: S\$ 3888.45 Global Sum S\$: 3880.60								
FINAL PAYMENT Date/Time: Confirm with: Email Cal Cal								
Payee 1:		ss 3880.00	Name 1: Zoom Autowell	s Ite Hol				
	(Strike if N.A.) (Strike if N.A.)	S\$ S\$	Name 2: Name 3:					
ayee 3.	(Suike II IV.A.)	0.0	THILLY J.					