INS. CASE OWNER:	C	C 6 /AIG1902	14 11	1 May	AC:
Surveyor:	Advian	DOI: ASSIGN	MENT lu G.	Abb3 Date / Time :	14119
				Registered in Merimen	: 18/11/9.
Pre-assign / CCU /		~			
Insured Vehicle No.	560 2690	F	Claim No.	648357	77992SG
#			Policy No.		
Name of Insured	•				
Insured Tel No.	:HP:	A: 12/11/19.	Make / Model		
Excess Sec II :S\$			Place of Accid	ent:	
Is driver the owner?	(YES / NO) Natur	re of Accident :			
If NO, Driver Nam				IA REPORT: YES / NO ; TP GIA REPORT: YES / NO	
Driver Tel N	No. :	(V/L: YES / NO)	Insured Liabili	ty: % Fir	aal? Yes/No
600 7610	1P				
	AMERICA DIODO		Diene.		INSRS:
INSRS: WSP:	INSRS: WSP:		INSRS: WSP:		WSP:
Tel:	Tel:	A A	Tel:	HH	Tel:
Liability: W	Liability:		Liability : RMKS:		Liability : RMKS:
RMKS:	RMKS:		KWKS.		RIVING.
Date/ Time	C2-21-01/1-11-1	1 1/4 1/ Bard Sala Lavia	-A21111111	am : an	DATE / DIC
	GBOTEIGH - MKIN	minul oranh ky	DV4:614[19]	STAGE Non-Reporting ltr (1st):	DATE / PIC
	9mt 26905-X			Non-Reporting ltr (2nd):	
	V			Non-Reporting ltr (Final)	
				Notification ltr (if non-pic Call OI:	ckup):
				After call ltr to OI:	
				Documentation Check I	ist: Handler Typist
				Notification ltr (if non-pic	ckup)
				After call ltr to OI:	∇
				Authorisation To Act:	<u> </u>
				Release Voucher:	V
				Final Repair Bill:	
				Car Rental Invoice: Towing Invoice	
				LTA / GIA :	
24/07/2020	SETTLED AND	CLOSED		Medical Bill:	
24/01/2020	OLITELD AND	CLOGLD		PIR:	
				Mandate/Reject Instruc	ction:
				LOD	
				Payment Breakdown F	orm:
ELIMINARY ADVICE	Date/Time:	Sent By:		Post-Repair Photos:	
NALIZATION	Date/Time:	Confirm with:		Others: Confirm by:	
ALIZATION		days) Reduction: 56.60	CI.	Em	ail Call
pair Cost: L/S	SS 4 SOUTH (O)		70		
				Email Cal	
NAL SETTLEMENT	Date/Time: 23/07/2020 Confi	irm with JING YEE		Email Cal If NO or B 28, Ass. Li	a :
NAL SETTLEMENT al Liability; pair Cost:	Date/Time: 23/07/2020 Confi % 100 (Agreed / Asses \$\$ 4,500.00	irm with JING YEE		If NO or B 28, Ass. Li	
NAL SETTLEMENT al Liability: pair Cost: ss of Rental (LOR):	Date/Time: 23/07/2020 Config. 100 (Agreed / Asses S\$ 4,500.00	irm with JING YEE (seed) BOLA S/N No. : 2			
NAL SETTLEMENT al Liability: pair Cost: s of Rental (LOR): s of Use (LOU):	Date/Time: 23/07/2020 Confi % 100 (Agreed / Asses \$\$ 4,500.00 \$\$ (\$\$\$\$ 600.00 (\$100 × 6\$)	irm with JING YEE (sed) BOLA S/N No. : 2 days) days)		If NO or B 28, Ass. Li	
NAL SETTLEMENT al Liability: pair Cost: ss of Rental (LOR): ss of Use (LOU): ss of Income (LOI):	Date/Time: 23/07/2020 Config. % 100 (Agreed / Asses S\$ 4,500.00 (\$\$ 600.00 (\$100 × 6 \$\$) (\$\$ x	irm with JING YEE (sed) BOLA S/N No. : 2 (days) (days) (days)	27	If NO or B 28, Ass. Li	
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NAL SETTLEMENT al Liability: pair Cost: ss of Rental (LOR): ss of Use (LOU): ss of Income (LOI): R only LOU only A/LTA Search	Date/Time: 23/07/2020 Confi % 100 (Agreed / Asses \$\$ 4,500.00 \$\$ 600.00 (\$100 × 6 \$\$ (\$ x \$\$ LOR + LOU LOR +	irm with JING YEE (sed) BOLA S/N No. : 2 (days) (days) (days)	27	If NO or B 28, Ass. Li	aded TP.
NAL SETTLEMENT al Liability: pair Cost: ss of Rental (LOR): ss of Use (LOU): ss of Income (LOI):	Date/Time: 23/07/2020 Config. % 100 (Agreed / Asses S\$ 4,500.00 (S\$ 600.00 (\$100 × 6 (\$\$ \$\$ \$\$ \$\$ \$\$ 7.45 (\$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$	irm with JING YEE (sed) BOLA S/N No. : 2 (days) (days) (days)	27 ne]	Ol rear-er 1) Claim status: Norma 2) Report Format:	al/Reject/Private Settle
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NAL SETTLEMENT al Liability: Dair Cost: S of Rental (LOR): S of Use (LOU): S of Income (LOI): R only LOU only A/LTA Search dical: bursement: Stal Cost Stal: NAL PAYMENT	Date/Time: 23/07/2020 Config. % 100 (Agreed / Asses S\$ 4,500.00 S\$ (irm with JING YEE (sed) BOLA S/N No. : 2 days) days) days) LO Tick only of (e.g. Tow/ Independer toal Sum S\$: 5,100.	ne]	If NO or B 28, Ass. Li Ol rear-er 1) Claim status: Norma: 2) Report Format: 3) Survey fee:	al/Reject/Private Settle TP \$320.00
NAL SETTLEMENT al Liability: pair Cost: s of Rental (LOR): s of Use (LOU): s of Income (LOI): R only LOU only NLTA Search dical: bursement: tal Cost	Date/Time: 23/07/2020 Config. % 100 (Agreed / Asses S\$ 4,500.00 S\$ (irm with JING YEE (sed) BOLA S/N No. : 2 (days) (days) (days) (e.g. Tow/ Independent and Sum S\$: 5,100. irm with:	ne]	If NO or B 28, Ass. Li Ol rear-er 1) Claim status: Norma: 2) Report Format: 3) Survey fee:	al/Reject/Private Settle

ASSIGNMENT

REF:

From:	Date:	Veh No: 630 7619 4. Yr Regn: 2015 Apri		
Estimated Cost:		Type: M.Car M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /		
OD / TP / WS / TP RES	OD RES / EVA / INV / MV	Truck / Trailer or	1.007	
To Inspect Vehicle No:		Make: Nissan NV	350 . c.c 2488.	
at Workshop m/s		Colour Grey.	A/C: Insured / Std / NI / NA	
of	activities to the burning	Sp.Reading 136741 T/Radio: Insured / Std / NI / NA		
Insured:	and that dataset or describe sign	Eng/No:		
Policy No.	THE REPORT OF THE PARTY OF THE	C/No: JHIMC2E2	620003525	
Claims No.	is community have more than	Gen. Cond: 600 / Fair / Poor / Burn	nt	
Sum Insured:	Excess:	Steering: In or / Jammed / Leaked / Burnt or		
(Client's Record)	CA A ROLD IN THE SECOND AND AND ADDRESS OF THE SECOND	Brake: Inorder / Jammed / Leaked / Burnt or		
Make of Veh:		Modi: Nil /S/Rim / STD A/Rim	or	
ISCLUMENT.		Tyre Size: F: / 1	5 R15C	
(Policy Condition)		R: 195 RISC		
Remark: The veh had o	commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /		
repair at the t	ime of inspection.	TOYO / XOKO or		
Bal. or Market Value:	ressaury etir fizironal data strata	Front	Rear	
IDAC Accident Rport:	Consistent? : Yes or No	R/Bal. 06 mm	R/Bal. 06 mm	
GIA / PR Seen:	Consistent? : Yes or No	L/Bal. 96 mm	L/Bal. 06 mm	
Est. Repairs:	days Res.: Yes or No	D.O.A.	D.O.I. 14/11/19.	
Lum Sum:	% 3 Val.: Yes or No	Survey held at Hus Mey,		
		Des. of Damages : Frt / Rea / O/S		
CA / REV / REP.	/ 24 HRS Vehicle: IN / OUT			
Date:	Person Contacted:	The U/C / Chassis frame / Bo	dy Structure affected due to collision.	
	n / Instruction			
71	? ALG.	Φ4 F00 00		
17469		\$4,500.00		
m./		5,867.20 / 56.60%		
	: 33K			
	13·1k.			
7161				
	permana			
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 Fee	: Site Insp (\$)S +RS,SI	
	the mapping at the same of	: Interview (\$) Photos	
Report Format:		: Tech, Invs (\$) Others	
Lump Sum / LBJ:	\$: Weekend (\$		
			TOTAL	