INS. CASE OWNER:	CAN COOL	CC 4/ASM190 7	1778/0	960	DAC:	
I to cross o wrest		ASSIGNM		U	01.1.6	
0	marmy	DOI:		Date / Time :	iolimin.	
Surveyor:			.(0,	Registered in Merimo	an:	
Pre-assign / CCU /						
Insured Vehicle No	56N 170	13*	Claim No.	: Samora	NB (1010A8	
Name of Insured			Policy No.	:		
2_0		IID.	Make / Model			
Insured Tel No.	:					
Excess Sec II :S\$		D.O.A: 4 (1)(A	Place of Accid	ent :		
Is driver the owner?	? (YES / NO)	Nature of Accident :				
If NO, Driver Name / Age: OI GIA REPORT: YES / NO; TP GIA REPORT: YES / NO Driver Tel No.: (V/L: YES / NO) Insured Liability: % Final? Yes / No						
(4M 1202)		mrgax	smf 5	11/11	·	
INSRS: WSP: Tel: Liability: RMKS:	INSRS WSP: Tel: Liabilii RMKS	iv: lil	INSRS: WSP: Tel: Liability: RMKS:		INSRS: WSP: Tel: Liability: RMKS:	
Date/ Time						
Date Time	anguay -	x GGWLW?	1× -1	STAGE	DATE/PIC	
				Non-Reporting ltr (1st)	:	
	LOINR			Non-Reporting ltr (2nd		
_	-011010			Non-Reporting ltr (Fina Notification ltr (if non-		
				Call OI:	ріскир).	
				After call ltr to OI:		
22/07/2020	CLAIM REPUDIATE	ED DUE TO OI BREACHED F	POLICY	Documentation Check	List: Handler Typist	
ZZIOTIZOZO	SUBMIT WP, ADMIN TO CLOSE			Notification ltr (if non-pickup)		
				After call ltr to OI:		
				Authorisation To Act:		
				Release Voucher:		
				Final Repair Bill:		
				Car Rental Invoice:		
				Towing Invoice		
				LTA / GIA :		
				Medical Bill:		
				PIR:		
				Mandate/Reject Instr	ruction:	
				LOD		
DDEL BANKA DEL ADAGON	D	C P		Payment Breakdown	Form:	
PRELIMINARY ADVICE	Date/Time:	Sent By:		Post-Repair Photos: Others:		
FINALIZATION	Date/Time:	Confirm with:		Confirm by:		
Repair Cost: L/S	0000 00	3 days) Reduction: 4350.88	% 56		mail Call	
FINAL SETTLEMENT	Date/Time:	Confirm with	ж 50	Email Cal		
Final Liability:		Assessed) BOLA S/N No. :		If NO or B 28, Ass. I	Lia:	
Repair Cost:	S\$	The state of the s				
Loss of Rental (LOR):	S\$ (days)				
Loss of Use (LOU):	S\$ (\$ x					
Loss of Income (LOI):	S\$ (\$ x					
LOR only LOU only		OR + LO [Tick only one]				
GIA/LTA Search	S\$					
Medical:	S\$				mal/Reject/Private Settle	
Disbursement:	S\$	(e.g. Tow/ Independent)		2) Report Format:	WP	
Legal Cost	S\$	a)) 10 at		3) Survey fee:	\$250.00	
Total:	S\$	Global Sum S\$:		n		
FINAL PAYMENT	Date/Time:	Confirm with:		Email Cal		
Payee 1:	S\$	Name 1:				
Payee 2: (Strike if N.A.)	S\$	Name 2:				
Payee 3: (Strike if N.A.)	S\$	Name 3:				

08/11/13) wef	REF:	AKA/
ASS. REC. BY: MCreus		
		ASSIGNMENT C (A)Q 2 km/C C (7
From:	Date:	Veh No: SLN9 259X Yr Regn: 5, 17
Estimated Cost:		Type M. Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
DD / TP VYS / TP RES / OD RES / EV	A / INV / MV	Truck/Trailer or
To Inspect Vehicle No:	2N9259	Make: Hyunda; Elantra c.c 159/
	1/2/00	Colour Cing
of	in her	Sp.Reading 7/974 T/Radio: Insured / Std / NI / NA
nsured:		Eng/No:
Policy No.		C/NO: KMHD&41CMH4461490
Claims No.		Gen. Cond: God / Fair / Poor / Burnt
Sum Insured:	Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)		Brake: Inorder / Jammed / Leaked / Burnt or
Make of Veh:		Modi: Nil (SIRIM / STD.A/Rim or
		Tyre Size: F: 2 05/55-16
(Policy Condition)		R:
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 inspect	tion.	TOYO / YOKO OF
Bal. or Market Value:	4.	Front Rear
- (sistent?: Yes or No	R/Bal. 7 mm R/Bal. 7 mm
77.	sistent? : Yes or No	L/Bal. 7 mm L/Bal. 7 mn
Est. Repairs: days	Res.: Yes or No	D.O.A. 4/1/18 D.O.I. 10/12/18
Lum Sum: %	3 Val.: Yes or No	Survey held at
Editi Odili. /0	47A 478	Pos of Democracy Est / Poor / O/S / N/S / N/S / N/S /
CA / REV / REP. / 24 HRS		1. (1)
Date: Person Contact	Vehicle: ed:	The U/C / Chassis frame / Body Structure affected due to collision
Date / Time Action / Instruction		The oral and the state of the s
Not ogen Spor	e sette sto 2.	
70 //4	7.1.	
	3	
Date/Time, File Pass to? : Preli	. Report	Days Of Repair:
H		Resurvey No. of Trip: Survey Fee:
Date/Time, File Return to?	I Report	Transportation:
	Δ.	dd Fee: :Site Insp (\$)_s+Rs,_si
2)	A	. Oile hisp (*)_0**(0,_0)

Tech. Invs (\$ Report Format:) Others Lump Sum / I.B.I: (\$:Weekend (\$ TOTAL