15/5/2010				LKI	Κ:	
INS. CASE OWN	ER:	CC 6 / A16 2000	0080 /	Als3 IDA	iC:	
		ASSIGN	MENT			
Surveyor:	Adrian	DOI: 30	12/19	Date / Time : 30	112/19	
Surrey or .				Registered in Merimen:	2/1/2020	
Pre-assign / CC	U / FTE			registered in Morimon.		
Insured Vehicle No. : SLR 76		245 Claim No		1		
Name of Insured			Policy No.	THE REAL PROPERTY OF THE PERSON OF THE PERSO	Mys. M. F. M.	
Insured Tel No.		HP:	Make / Model	lake / Model :		
Excess Sec II :S\$		D.O.A: 77/12/19	Place of Accid	ace of Accident:		
Is driver the own		Nature of Accident :		AVAILURE A		
		Transit of Transition	OLGIA REDG	DT. VEC / NO . TR CIA	DEDORT, VEC / NO	
If NO, Driver Name / Age : Driver Tel No. :				ORT: YES / NO ; TP GIA REPORT: YES / NO (lity: % Final? Yes / No		
Driver 16	21 NO. :	(V/L: YES / NO) Insured Liabi		lity: % Final? Yes/No		
SM Q 319	3M		uarey married	<u></u>	R RUO T	
				NAME OF THE PARTY	AUDY	
INSRS:	INSRS		INSRS:		INSRS:	
WSP: Hua M	eng WSP:	**	WSP:	1	WSP:	
Tel:	Tel: Liabilit	H H	Tel : Liability :	H	Tel:	
Liability:	1/4 -1/1				Liability:	
RMKS:	RMKS		RMKS:		RMKS:	
Date/ Time		and the second second second second	Our error and your t			
	SMR3193M :X	; SYZ 76245:	X	STAGE	DATE / PIC	
) 39-11-	TOTAL TIPE	Non-Reporting ltr (1st):		
		all the state of the state of		Non-Reporting ltr (2nd):		
		THE RESIDENCE WAS ASSESSED.	Touchel Touchel	Non-Reporting ltr (Final):		
1 4	CONTRACTOR OF THE PARTY OF THE	A THE WALL THE BOOK WAS TO	recition in	Notification ltr (if non-pic		
				Call OI:	1516-113	
				After call ltr to OI:	TRUTHS	
				Documentation Check L	ist: Handler Typist	
				Notification ltr (if non-pic		
				After call ltr to OI:	kup)	
				Authorisation To Act:		
10				Release Voucher:		
				Final Repair Bill:		
		artist Police of its however		Car Rental Invoice:		
		the second of the second		Towing Invoice		
				LTA / GIA :		
				Medical Bill:		
				PIR:		
				Mandate/Reject Instruct	tion:	
			mount hart district	LOD		
				Payment Breakdown Fo	orm:	
RELIMINARY ADVIC	E Date/Time:	Sent By:		Post-Repair Photos:		
				Others:		
NALIZATION	Date/Time:	Confirm with:		Confirm by:		
pair Cost:	S\$ (days) Reduction:	%	Ema	ail Call	
NAL SETTLEMENT						
nal Liability:						
pair Cost:	S\$	Assessed) BOLA 5/N No.:		II NO 01 D 20, ASS. Lla		
	S\$ (dave)				
oss of Rental (LOR):		days)				
oss of Use (LOU):				In continuous and the continuous	al sull	
oss of Income (LOI):		days)	٦,			
OR only LOU onl	y LOR + LOU L	OR + LOI [Tick only on	e]			

(e.g. Tow/ Independent)

Global Sum S\$: Confirm with:

Name 1:

Name 2:

Name 3:

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

Email Call

3) Survey fee:

S\$

S\$

S\$

S\$

S\$

S\$

S\$

Date/Time:

GIA/LTA Search

FINAL PAYMENT

Payee 2: (Strike if N.A.)

Payee 3: (Strike if N.A.)

Disbursement:

Medical:

Legal Cost

Total:

Payee 1:

ASSIGNMENT

10 [1]

	Veh No: SmQ 3193M. Yr Regn: 2019 Nov			
Estimated Cost:	Type M.Ca / M.Cycle / Bus FVan / Lorry / Taxi / Prime Mover /			
OD / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or			
To Inspect Vehicle No:	Make: Toysta Noch. 00 1797			
at Workshop m/s	Make: Toysta Noch. c.c 1797 Colour Purple. A/C: Insured/Std/NI/NA			
of	Sp.Reading 8822 . T/Radio: Insured / Std / NI / NA			
Insured:	Eng/No:			
Policy No.	C/No: ZWR 80039 S497			
Claims No.	Gen. Cond: @ / Fair / Poor / Burnt			
Sum Insured: Excess:	Steering: Inord / Jammed / Leaked / Burnt or			
(Client's Record)	Brake: In der / Jammed / Leaked / Burnt or			
Make of Veh:	Modi: Nil S/Rim / STD A/Rim or			
	Tyre Size: F: 185/65 RT S R: 185/65 LT S			
(Policy Condition)	R: 195/65L15			
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 KOKO or			
Bal. or Market Value:	<u>Front</u> <u>Rear</u>			
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 36 mm R/Bal. Of 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. 30/12/19.			
Lum Sum: % 3 Val.: Yes or No	Survey held at Hna Nen . 1			
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / O/S (N/S / V/C / Rooftop or			
Vehicle: IN / OUT Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.			
Date / Time Action / Instruction	1 40 700 7000			
TP AlG.				
mv :				
PV:				
Nett,				
THE TANK IN THE PERSON NAMED IN THE PERSON NAM				
Date/Time, File Pass to? : Preli. Report	Days Of Repair:			
Final Penart	Resurvey No. of Trip: Survey Fee:			
Date/Time, File Return to?	Transportation:			
2) Add Fed	9: Site Insp (\$)_s+Rs_s			
CONTRACTOR AND	: Interview +\$) Photos			
Feport Format	:Tech. Invs (\$) ones ·			
Lump Sour/LP J: (1	Weekend 18			