Loss of Rental (LOR):

Loss of Income (LOI):

LOR only LOU only

Loss of Use (LOU):

GIA/LTA Search

FINAL PAYMENT

Payee 2: (Strike if N.A.)

Payee 3: (Strike if N.A.)

Disbursement:

Medical:

Legal Cost

Total:

Payee 1:

S\$

S\$

S\$

S\$

S\$

S\$

SS

S\$

SS

S\$

S\$

Date/Time:

(\$

(\$

LOR + LOU[

days)

days)

days)

Global Sum S\$:

Confirm with:

Name 1:

Name 2:

Name 3:

[Tick only one]

(e.g. Tow/ Independent)

LOR + LOI

CC4/LPC20000559/Ada3

LKK:

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

Call

3) Survey fee:

Email

	INS. CASE OWNE	R:			C4/LI C2000	30333171	Jao	IDAC:			
	Surveyor: ADRIAN		ASSIGNMENT DOI: 08/01/2020			. Date / Time : 07/01/2020					
							Registered in Merimen:				
-	Pre-assign / CCU	ODI	- 27067				10/20/2	0/VC05/022	976	Cr	
	Insured Vehicle N	o. : GBI	E 2796Z			Claim No.	: 19/20/20	J/VC05/022	010		
AA	Name of Insured	:				Policy No.					
K D	Insured Tel No.			HÞ.		Make / Model					
1	Excess Sec II :S\$				06/01/2020 11:20	Place of Accid		K NORTH ST 5(G	GOURMET	EAS	
				_		Place of Accid	KITCHEN)	10101111010(0	2001111121		
	Is driver the owner	r? (YES	S / NO)	Nature of	Accident :					_	
	If NO, Driver Name / Age : Driver Tel No. :			(V/L: YES / NO)				; TP GIA REPORT: YES / NO % Final? Yes / No			
	GBE 9228E	3	—					—			
H	INSRS: WSP: ZERO Tel: GRAV Liability: RMKS:	ITY	INSRS WSP: Tel: Liabilit	ty:		INSRS: WSP: Tel: Liability: RMKS:		INSRS: WSP: Tel: Liability: RMKS:			
D	Date/ Time										
		GBE 9228	В				STAGE	DA	TE/PIC		
		GBE 2796	z NA/	INC200	00276/r3; DOA: 06	5/01/2020	Non-Reporting ltr (1	st):			
							Non-Reporting ltr (2				
							Non-Reporting ltr (Final): Notification ltr (if non-pickup):				
								Call OI:			
						A	After call ltr to OI:				
							Documentation Check List: Handler Typist				
							Notification ltr (if no	on-pickup)	T	1	
							After call ltr to OI:		ī	1	
							Authorisation To Ac	t:			
							Release Voucher:			İ	
							Final Repair Bill:		ī	i	
							Car Rental Invoice:				
							Towing Invoice			i	
							LTA / GIA :		ī	i	
							Medical Bill:			i	
							PIR:			í	
							Mandate/Reject Ins	atruction:		i	
							LOD			1	
							Payment Breakdow	n Form:		1	
RELIMI	NARY ADVICE	Date/Time:			Sent By:		Post-Repair Photos			i	
							Others:			i	
INALIZA	ATION	Date/Time:			Confirm with:		Confirm by:				
epair Cos	it:	S\$	(days)	Reduction:	%		Email Call			
INAL SE	ETTLEMENT	Date/Time:		Confirm w			Email Call				
inal Liabil	lity:	%	(Agreed /	Assessed)	BOLA S/N No. :		If NO or B 28, Ass.	Lia:			
epair Cos	t:	SS		-							

ASSIGNMENT

			Veh No:	GBE	9228 B	· Yr Regn: 2	016 /	4001
Estimated Cost	Type: M.Car / M.Cycle / Bus / Yan/ Lorry / Taxi / Prime Mover /							
	IP RES / OD RES / EVA / INV / MV		Truck /	Trailer or				
To Inspect Vehic			Make:	Fiat	Doblo		1598	3.
at Workshop m/s			Colour	Bron	te.	A/C: Insure	ed / Std / NI	/NA
		Sp.Reading	115		T/Radio: Insur	ed / Std / N	I/NA	
of			Eng/No:					
Insured:			C/No:	Z	FA 2630	00060284	66	
Policy No.				_	/ Poor / Burnt			
Claims No.	Excess:				ned / Leaked			
Sum Insured:			-	_	ned / Leaked			
(Client's Reco	ord)				STD A/Rim or			
Make of Veh:				V				
		Tyre Size: F: 195/60R16 R: 195/60R16						
(Policy Condi		N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /					
	eh had commenced its r at the time of inspection.	1.10	TOYOIXO		JI I G I LIZA	Tang Tolling I		
						Rear		
Bal. or Market		ilo.	Front R/Bal.	16	2027	R/Bal.	oh	mm
IDAC Accident	Nport.		L/Bal.	06	mm	L/Bal	06	mm
GIA / PR See		D.O.A.	40	mm		18/01/2		
Est. Repairs:	days Res.: Yes or			-1	7.	Gravity.		
Lum Sum:	% 3 Val.: Yes or	NO	'Survey held	-		_		
CA / REV	/ REP. / 24 HRS	IN LOUT	Des. of Dam	lages : Frt	Rear / U/S	INIS) I UIC I F	toortop o	
Date:	Person Contacted:	hicle: IN / OUT	The U/C	/ Chassis	frame / Boo	ly Structure affer	cted due to	collision.
Date / Time	Action / Instruction		1,000					
2007	TP ConPac.							
	MV:							
	Nett:							
	processor.					000	D	
Date/Time, File P.	ass lo? : Preli. Report		Days Of Re	epair:			-	
1)	: Final Report	Resurvey I	No. of Tri	p:	* Survey Fee			
Date/Time. File F	Return to?					Transportation		
2)	Add Fee	-	Insp (f)8+R8	SI		
			1	rview (3) Phoios		
Report For	ma :		Tec	sh. Invs (S				
Lump Sum	TABLE OF		: \//e					