INS. CASE OWNE	R:	CC 6/111 2000	1 4000	UPS3 IDA	C:
		ASSIGN	NMENT		
Surveyor:	Marcus	DOI: 17/1	2020	Date / Time : 13	11/2020
Dui 10yor.	THE DESIGNATION OF PROPERTY OF THE PERSON OF	Days Inducted all parts	a ria fast las	Registered in Merimen:	17/1/2020
Pre-assign / CCU	/ FTE			registered in Merimen.	
Insured Vehicle N	o. : YP 2305	·C	Claim No.	:	
Name of Insured		The second second	Policy No.		The second second
Insured Tel No.		HP:	Make / Model		
Excess Sec II :SS	- decrease	D.O.A: 9/1/2020	Place of Accid		man min Pra
	A fall a series		Flace of Accid	icht.	Here Ampies I
Is driver the owner	r? ( YES / NO )	Nature of Accident :	7,000	ACTION TO SEE CLES	DI MORNIA DI
If NO, Driver Name / Age :  Driver Tel No. :		(V/L: YES / NO)	OI GIA REPORT: YES / NO; TP GIA REPORT: YES / NO Insured Liability: % Final? Yes / No		
JPM 5127		MILE CONTRACTOR	ALTERNATION OF	The second	Markinger . * "
3711 5127			-		
INSRS: WSP: Choo M Tel: Liability: RMKS:	INSRS WSP: Tel: Liability RMKS	ty:	INSRS: WSP: Tel: Liability: RMKS:		INSRS: WSP: Tel: Liability: RMKS:
Date/ Time					
	JPM 5127 : X	: YP 2305 C : X		STAGE	DATE / PIC
				Non-Reporting ltr (1st):	
				Non-Reporting ltr (2nd): Non-Reporting ltr (Final):	
				Notification ltr (if non-pick	cup):
				Call OI:	
				After call ltr to OI:	
				Documentation Check Li	
				Notification ltr (if non-pick	tup)
				After call ltr to OI:	
				Authorisation To Act:	
				Release Voucher:	
			Landa Jana	Final Repair Bill:	
				Car Rental Invoice:	
				Towing Invoice	
				LTA / GIA :	
				Medical Bill:	
				PIR:	
				Mandate/Reject Instructi	on:
				LOD Payment Breakdown For	rm:
PRELIMINARY ADVICE	Date/Time:	Sent By:		Post-Repair Photos:	m.
RELIVITIVARY ADVICE	Date/Time.	Scht Dy.		Others:	
FINALIZATION	Date/Time:	Confirm with:		Confirm by:	
	S\$ (	days) Reduction:	%	Ema	il Call
Repair Cost: FINAL SETTLEMENT	Date/Time: 07/04/2020	Confirm with Jason	70	Email Call	
Final Liability:		Assessed) BOLA S/N No. :	111	If NO or B 28, Ass. Lia	e de la constitución de la const
tepair Cost:	\$\$ 4,800.00	rissessed) DOLLA SIN No		1110 01 15 20, 1100. Did	
oss of Rental (LOR):	S\$ - (	days)		THE PROPERTY	
Loss of Use (LOU):	s\$ 120.00 (\$30 x				
Loss of Income (LOI):	S\$ _ (\$ x				
OR only LOU only		OR + LOI Tick only or	ie]		
GIA/LTA Search	S\$ -				
Medical:	S\$ -			1) Claim status: Normal	Reject/Private Settle
Disbursement:	S\$ -	(e.g. Tow/ Independe	ent)	2) Report Format:	
Legal Cost	S\$ -		HELLIN	3) Survey fee:	
Total:	S\$ 4,920.00	Global Sum S\$: 4,900.00	A 1 - 1		
FINAL PAYMENT	Date/Time:	Confirm with:	1-1-1	Email Call	
Payee 1:	\$\$ 4,900.00	Name 1: Choo Motor S	Spray Painter		1 4-7 (1)
Payee 2: (Strike if N.A.)	S\$	Name 2:			
Pavee 3. (Strike if N.A.)	S\$	Name 3:			