5/5/2010		
Per Per 97 11 1 11		

CC6/CTI20001146/Uea3

LKK: IDAC:

INS	CA	SE	Ou	MED

Payee 3: (Strike if N.A.)

ASSIGNMENT

Surveyor:	M	ARCUS		0/01/2020	ENT	Date / Time : 2	20/01/2020		
					Registered in Merimen:				
Pre-assign / (CCU/FTE					Registered in Mer.	ineii.		
Insured Vehic	ele No. :	SJK 540G			Claim No.	:			
Name of Insur	red :				Policy No.				
Insured Tel No		1	-IP:			:			
Excess Sec II			D.O.A: 18/01/20	20	Make / Model				
Is driver the ov	-				Place of Accide	ent: ATE EATT	OVVARDS AL	.EXANDR	IA ROAL
			Nature of Accident :						
If NO, Driver Driver	Tel No. :	e:	(V/I - VEC /)	(V/L: YES / NO)	OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO				10
			(V/L: 1E3/1	NO)	Insured Liabilit	ty: %	Final? Yes	No	
SJP 3884	41	→		-			→		
INSRS: WSP: FAST Tel: Liability: RMKS:	ГЕСН	INSRS: WSP: Tel: Liability: RMKS:			INSRS: WSP: Tel: Liability: RMKS:		INSRS: WSP: Tel: Liability RMKS:		i
Date/ Time									
	SJP	3884T - CC4/AXA	16008228/Gug	g3q2; DOA	: 26.4.16	STAGE		DATE / P	IC
						Non-Reporting ltr (1:			
						Non-Reporting ltr (2) Non-Reporting ltr (Fi			
						Notification ltr (if no			
						Call OI:			
						After call ltr to OI:	A. F. let. Hand	an an	
						Documentation Che Notification ltr (if nor		ller Typ	ist
						After call ltr to OI:	1-ріскир)		-
						Authorisation To Act:			H
						Release Voucher:			H
						Final Repair Bill:			
						Car Rental Invoice:			
						Towing Invoice			
						LTA / GIA :			
						Medical Bill:	L		
						PIR:	L		
						Mandate/Reject Inst	ruction: L		
						LOD Payment Breekdown	D.		
PRELIMINARY ADVIC	CE Date/Ti	me:	Sent By:			Payment Breakdown Post-Repair Photos:	Form:		
						Others:			
FINALIZATION	Date/Tir	me:	Confirm with	h:		Confirm by:			
Repair Cost:	S\$	(days) Reduction:		%		Email Ca	11	
FINAL SETTLEMENT	Date/Tir		nfirm with		F	Email Call			
Final Liability: Repair Cost:	% S\$	(Agreed / Ass	essed) BOLA S/N N	lo. :	I	f NO or B 28, Ass. I	Lia:		
Loss of Rental (LOR):	S\$	-	4						
Loss of Use (LOU):	S\$	(\$ x	days) days)						
Loss of Income (LOI):	S\$	(\$ x	days)						
OR only LOU onl		OR + LOU LOR -		only one]					
GIA/LTA Search	SS			omj omej					
Medical:	S\$				1) Claim status: Norn	nal/Reject/Priv	nta Cattla	
Disbursement:	S\$		(e.g. Tow/ Ind	dependent)) Report Format:	lan Rejecui iiv	ate Settle	
egal Cost	SS) Survey fee:			
Fotal:	S\$		bal Sum S\$:						
FINAL PAYMENT	Date/Tin		firm with:		Е	mail Call			
Payee 1:	S\$		me 1:						
Payee 2: (Strike if N.A.)	S\$	Nan	ne 2:						

Name 3:

(08/11/13) wef	DEE.		1 . 100 1.1
ASS. REC. BY: MC	cus REF:		07./ (146/ye
	e	AS	SSIGNMENT
From:	Date:		Veh No: 5773 884 7 Yr Regn: 3 ,08
Estimated Cost:	000.		Type: M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
OD ITP OWS / TP RES	/ OD RES / EVA / INV / MV		Truck/Trailer or A
To Inspect Vehicle No:	5173	8407	Make: Mit Lence c.c 1994
at Workshop m/s	Rf.	4411	Colour Solve A/C: Insured / Std / NI / NA
of			Sp.Reading PPP T/Radio: Insured / Std / NI / NA
Insured:	5.7K54	100	Eng/No:
Policy No.	0, -,		CINO: JMYSTCS3A94025292
Claims No.			Gen. Cond Good / 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 SRim / STD A/Rim or
			Tyre Size: F: 195/60715
(Policy Condition)			R:
Remark: The veh had co	ommenced its	N/S O/S	_
repair at the ti	me of inspection.		TOYO/YOKO or
Bal. or Market Value:	364.		Front Rear
IDAC Accident Rport:	Consistent? : Yes	or No	R/Bal 6
GIA / PR Seen:	Consistent? : Yes	or No	L/Ral
Est. Repairs:	days Res.: Yes	or No	D.O.A. (8/1/20 D.O.I. 2.2/1/2
Lum Sum:	% 3 Val.: Yes	or No	Survey held at
04 / 55// / 555			
CA / REV / REP.		/ehicle: IN / OUT	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
Date: Pe	erson Contacted:		The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action	/ Instruction		
	CNY 25.16.17 ,	LTA DIE	104 1489
	es an affective		
Contracts of the			
Date/Time, File Pass to?	Preli Perent		Para OCP
	: Preli. Report		Days Of Repair:
1) Date/Time, File Return to?	: Final Report		Resurvey No. of Trip: Survey Fee:
		Add Eco	Transportation:
2)		Add Fee	
Report Format :			: Interview (\$) Photos
Lump Sum / I.B.I: (\$	the specific program		: Tech. Invs (\$) Others
cump outil / I.D.I: (\$)	: Weekend (\$

TOTAL