INS. CASE OWNE	R:	CC 6/A/G2000	12453 1	AXSS ID	AC:		
		ASSIGN	NMENT	b			
Surveyor:	Adrian	DOI: 14:	2020	Date / Time :	14/2/2020		
Surveyor.				Registered in Merimer	14/2/2020		
Pre-assign / CCU	/FTE			1105			
	SJC 330	VS	CI : N	249498	2818SG		
Insured Vehicle N	0. : 300 200	> [Claim No.	210100	201000		
Name of Insured	:		Policy No.	:	Will a		
Insured Tel No.		HP:	Make / Model	:			
Excess Sec II :SS		D.O.A: 11/2/2020	Place of Accid	ent:			
Is driver the owner		Nature of Accident :					
	NAMES AND DESCRIPTIONS OF STREET		OLGIA PEPO	DT. VES / NO · TP GI	A DEPORT: VES / NO		
If NO, Driver Na Driver Tel					PORT: YES / NO; TP GIA REPORT: YES / NO polity: % Final? Yes / No		
		(VIL. ILB/ NO)	moured Endon				
SLU 853	D		morray avent of		The state of the s		
INSRS:	INSRS:		INSRS:		INSRS:		
WSP: Kang C	41 1		WSP:		WSP:		
H H Tel:	Tel:	HA	Tel:	HH	Tel:		
Liability:	Liability RMKS:	1/4 -1/1	Liability : RMKS:		Liability : RMKS:		
RMKS:	RIVIAS:		RIVIKS:		KIVIAS:		
Date/ Time	0.1.0-212	C4 - 7 2 - 11	1	Ion cor			
	SCURZSID: X	· , SJC 33034 :	X	STAGE Non-Reporting ltr (1st):	DATE / PIC		
				Non-Reporting ltr (2nd): Non-Reporting ltr (Final): Notification ltr (if non-pickup):			
The state of the s							
3							
				Call OI: After call ltr to OI: Documentation Check List: Handler Typist			
	GLI PETAPA	HANDAM BURNE	761 .7	Notification ltr (if non-p			
		7		After call ltr to OI:	V.		
		THE PROPERTY OF THE PARTY OF TH		Authorisation To Act:	V,		
				Release Voucher:	V,		
	AIFMING	III A BIR Y G IN A SI		Final Repair Bill:	V		
	Let you Det.	STATE STATE OF THE	5/11/20/20/20	Car Rental Invoice:	V		
20/40/2020	OFTTI ED AND	OLOOED / EU E		Towing Invoice			
30/10/2020	SETTLED AND	CLOSED / FILE	IN DRAWE	Medical Bill:	V		
		BELLEVICE CHESTA STREET	SEC DESCRIPTION	PIR:			
			and the state of the state of	Mandate/Reject Instru	ction:		
				LOD			
	(labe) and man and can an	na i kilontri imal seti maise	ettel sek menel	Payment Breakdown	Form:		
PRELIMINARY ADVICE	Date/Time:	Sent By:	Various Plantes II.	Post-Repair Photos:			
				Others:			
FINALIZATION	Date/Time:	Confirm with:	F	Confirm by:	7 0 "		
Repair Cost: L/S	ss 7,900.00 (7	days) Reduction: 55.55			nail Call		
FINAL SETTLEMENT	100	Confirm with SHAROI		Email Call	ia ·		
Final Liability: Repair Cost: (W/GST)	% 100 (Agreed / Asset As	Assessed) BOLA S/N No.:	27	If NO or B 28, Ass. L	ια ,		
Loss of Rental (LOR):	ss 840.00 (7 days) x \$120.00			OID rear-ended TP			
oss of Use (LOU):	S\$ (\$ x	days)					
oss of Income (LOI):	S\$ (\$ x	days)					
OR only LOU only		R + LOI [Tick only or	ne]				
GIA/LTA Search	s\$ 2.00			In our control	1/D-1		
Medical:	S\$	(- T- 17 1 1			al/Reject/Private Settle		
Disbursement:	S\$ S\$	(e.g. Tow/ Independe	ent)	Report Format: Survey fee:	\$320.00		
Legal Cost Fotal:	ss 9,295.00	Global Sum S\$:9,200.0	00	15) 541 (6) 1001			
FINAL PAYMENT		Confirm with:		Email Call			
Payee 1:	0.000.00		AR REPAI	RERS PTE	LTD		
Payee 2: (Strike if N.A.)		Name 2:	W V I V I I / NI				
Payee 2: (Strike if N.A.)		Name 3:					