DIS CASE OWNER	6880 4393	CC4/ASM200	003363/	pa3	_{IDAC:} 162461	
ELIS, CASE OWNER		ASSIGN	MENT			
		DOI:		Date / Time :	28/02/2020	
Surveyor:			Registered in Merimen:			
Pre-assign / CCU	/FTE			Rogistored in 1120		
	CKC 1/103M		Claim No.	. S0M02	HL6	
Insured Venicle No.				CA460726		
Name of Insured : LIN HONG GOAN			Policy No.	NISSAN CEEIDO 2 3		
Insured Tel No.	HER MORE BEN	HP:	Make / Model	: NISSAN	CEPINO 2.3	
Excess Sec II :S\$		D.O.A: 27/02/2020	Place of Accid	ent:		
Is driver the owner	? (YES / NO)	Nature of Accident :				
If NO, Driver Nar	ne / Age :		OI GIA REPO	RT: YES / NO ; 7	TP GIA REPORT: YES / NO	
Driver Tel	No. :	(V/L: YES / NO)	Insured Liabili	ty: %	Final? Yes / No	
SGM 4474N	√				→	
- Innered	n vana		INSRS:		INSRS:	
INSRS: WSP: New Hoc	K Tock INSRS WSP:		WSP:		WSP:	
Tel: Motor Pt	e Ltd. H Tel:	A-A	Tel:	HH	Tel:	
Liability:	Liabilit	10// -10/	Liability:		Liability : RMKS:	
RMKS:	RMKS		RMKS:		KIVIKO.	
Date/ Time	00M 4474M 007	TD400000000000144 . 04/01	1/2012	STAGE	DATE/PIC	
	SGM 4474M - CS/1	GGM 4474M - CS/TP12003889/Aw1; 04/01/2012 CV1/VAL18022071/Us; 02/12/2018			(1st):	
	SKC 4493M - X			Non-Reporting ltr (2nd): Non-Reporting ltr (Final): Notification ltr (if non-pickup):		
	THE AMERICAN CONTRACTOR OF THE PARTY OF THE					
	TO CANCEL *** PRIVATE SETTLEMENT REACHED. WKSP WILL SEND PS FROM TO AXA AND LKK			Call OI:		
	WKSP WILL SEND PS FROM TO AXA AND LIKE			After call ltr to OI:		
	NO BILLING TO AXA	LLING TO AXA.		Documentation Check List: Handler Typist		
(2-03-> TO CANCEL - NO SUVYY).				Notification ltr (if non-pickup) After call ltr to OI: Authorisation To Act: Release Voucher:		
4				Final Repair Bill:		
(6/2/w	Aussi the			Car Rental Invoice:		
				Towing Invoice		
	MATALETS BY LITE	Tra Colombia		LTA / GIA :		
				Medical Bill: PIR:		
STREET, STREET				Mandate/Reject	Instruction:	
	In Common			LOD		
				Payment Breakd	own Form:	
RELIMINARY ADVICE	Date/Time:	Sent By:		Post-Repair Pho	tos:	
				Others:		
INALIZATION	Date/Time:	Confirm with:	%	Confirm by:	Email Call	
epair Cost: INAL SETTLEMENT	S\$ (Date/Time:	days) Reduction: Confirm with	70	Email Ca		
inal Liability:	% (Agreed / Assessed) BOLA S/N No. :			If NO or B 28, Ass. Lia:		
epair Cost:	S\$					
oss of Rental (LOR):	S\$ (days)					
oss of Use (LOU):	S\$ (\$ x days)					
oss of Income (LOI): OR only LOU only	S\$ (\$ x	days) LOR + LOI [Tick only of	onel			
OR only LOU only LOU only LA/LTA Search	S\$	[[I I I I I I I I I I I I I I I I I I				
Medical:	S\$			-	Normal/Reject/Private Settle	
Disbursement:	S\$	(e.g. Tow/ Independ	ent)	2) Report Forma	it:	
egal Cost	S\$	Challes Co.		3) Survey fee:		
'otal:	S\$	Global Sum S\$: Confirm with:		Email C	all	
TINAL PAYMENT	Date/Time:			Elliali C		
Payee 1:	S\$	Name 1: Name 2:				
Payee 2: (Strike if N.A.)	S\$ S\$	Name 2: Name 3:				
Payee 3: (Strike if N.A.)	194	T. Marie D.				