CS3/ASM19008536/Gpd3-1 petur (5/52:00 IDAC: 04/01/2021 AXA1900 INS. CASE OWNER: ASSIGNMENT Paper Survey 460 Q DOI: Date / Time : Registered in Merimen: Pre-assign / CCU / FTE 115687 FYGYA Claim No. Insured Vehicle No. Policy No. Name of Insured Make / Model Insured Tel No. HP: D.O.A: Place of Accident : Excess Sec II :SS Nature of Accident Is driver the owner? (YES / NO) OLGIA REPORT: YES / NO : TP GIA REPORT: YES / NO If NO. Driver Name / Age: (V/L: YES / NO) Insured Liability: 9% Final? Yes/No Driver Tel No. UBL agyap INSRS: INSRS: INSRS: INSRS WSP: WSP: WSP: WSP: Tel Tel: Tel: Tel: Liability: Liability: Liability: Liability RMKS RMKS RMKS: RMKS Date/ Time DATE / PIC STAGE THE WATER OF HOLD FOR ALEGO Non-Reporting ltr (1st): GU JOMANA Non-Reporting ltr (2nd) ion-Reporting ltr (Final): Notification ltr (if non-pickup): Call OI: Gunvillata After call ltr to OI: Documentation Check List: Handler Notification ltr (if non-pickup) DVCS After call ltr to OI: Authorisation To Act Release Voucher Final Repair Bill: 16/01/2021 Pls refer to Views for details. Car Rental Invoice Towing Invoice LTA/GIA Medical Bill: PIR: Mandate/Reject Instruction: LOD Payment Breakdown Form: PRELIMINARY ADVICE Date/Time: Post-Repair Photos: Sent By: Others: FINALIZATION Confirm with: Confirm by days) Reduction: FINAL SETTLEMENT Confirm with Date/Time (Agreed / Assessed) BOLA S/N No. If NO or B 28, Ass. Lia Final Liability: 150 Repair Cost: Loss of Rental (LOR): SS days) SS days) Loss of Use (LOU): Loss of Income (LOI): \$5 days) LOR only LOR + LOU LOU only LOR + LOL [Tick only one] GIA/LTA Search SS 1) Claim status: Normal/Reject/Private Settle Medical: SS

(e.g. Tow/ Independent)

Global Sum S\$:

Confirm with

Name 1:

Name 2:

Name 3:

Disbursement:

FINAL PAYMENT

Payee 2: (Strike if N.A.) Payee 3: (Strike if N.A.)

Logal Cost

Total:

55

SS

SS

SS SS

SS

Date/Time:

2) Report Format:

3) Survey fee:

Email

Surreyor	REF: ASM	(AxA)		6193K
- carea	UX.	ASSIGNMEN'I	1	•
To Inspect Vehicle II at Workshop m/s of A Kalci B Insured: Policy No. Claims No. Sum Insured: (Client's Record) Make of Veh: (Policy Condition) Remark: The veh In	Excess: No. 5 Authomotive Util Ave 2 # 01 - 18 Excess:	Veh No: Type: M.Car / Truck / Make: Colour Sp.Reading Eng/No: C/No: Gen. Cond: G Steering: Ind Modi: Nii) Tyre Size:	GBC 9949(M.Cycle / Bus / Van / I / Trailer or Nissam Silver 247514 JN SC Ger / Jammed / Leaker Der / Jammed / Leaker / S/Rim / STD A/Rim F: [95] R: [65]	Chstar c.c 2953 A/C: Insured / Std / NI / NA T/Radio: Insured / Std / NI / NA Q 242 0855621 nt d / Burnt or or 15
IDAC Accident Rpo GIA / PR Seen: Est. Repairs: 4 Lum Sum: CA / REV / R Date:	Consistent?: Yes or No. days Res.: Yes or No. 3 Val.: Yes or No. EP. 1 24 HRS	b L/Bal. D.O.A. Survey held a Des. of Dama	ages : Frt / Rear / O/S	R/Bal. S mm L/Bal. S mm D.O.I. [Y-05-19] S / N/S / U/C / Rooftop or V O/S dy Structure affected due to collision.
1715/19 00 28/5719 A	Action/Instruction & Society & Society & Society & Repeater & Society & Soci			
Date/Time, File Pass to 1) Date/Time, File Return	: Final Report	Days Of Rep Resurvey N	o. of Trip:	Survey Fee: Transportation:
		Add Fee: : Site	view (\$)S+RS,Si) Photos
Report Format : Lump Sam / I.B.I: (\$, Invs (\$ kend (\$) Others) - r