	15/5/2010					LKK:	
	INC CASE OWNED	ı .	CC4/ASM210	06914/U	ns3	IDAC:	
	INS. CASE OWNER:		ASSIGNMENT		300	ļ	
	Surveyor: Marcus		DOI: 01/07/	2021	Date / Time :	Гіme : 22/06/2021	
					Registered in Meri	imen:	
	Pre-assign / CCU	/ FTE					
	I	. CI A 20	071	Claire Na			
	Insured Vehicle No			Claim No.	•		_
HH	Name of Insured	: KWOK WAH F	FONG	Policy No.	:		_
	Insured Tel No.	•	HP:	Make / Model	•		
	Excess Sec II :S\$		D.O.A: 30/06/2021	Place of Accid			_
	·		·	Flace of Accid			
	Is driver the owner	? (YES / NO)	Nature of Accident :				
	If NO, Driver Nan	ne / Age :	OI GIA REPOR		T: YES / NO ; TP GIA REPORT: YES / NO		
	Driver Tel	No. :	(V/L: YES / NO)	Insured Liabili	ty: %	Final? Yes/No	
	CL V 0047						
	SLX 9217F	<u> </u>		-		→	
	INSRS:	INSRS	S: (**)	INSRS:		INSRS:	
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HH	Tel:	Tel:	H-A	Tel:	HA	Tel:	
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	Duter Time	SLX 9217P : X ;	SI Δ 3807I · Y		STAGE	DATE	/ PIC
		OLX 92171 . X ,	<u> </u>		Non-Reporting ltr (1		TIC
	01/07/2021	- OINR *** SENT OU	IT FIRST NON-REPORT	ING LETTER			
	0 170172021	BY EMAI			Non-Reporting ltr (F	,	
					Notification ltr (if no	on-pickup):	
					Call OI:		
					After call ltr to OI:		
					Documentation Che	eck List: Handler T	ypist
					Notification ltr (if no	on-pickup)	
					After call ltr to OI:	V,	
					Authorisation To Ac	t: 🗸	
					Release Voucher:	V,	
					Final Repair Bill:	V	
21/09/2021					Car Rental Invoice:		
		SETTLED AND CLOSED / NO PHY FILE			Towing Invoice		
					LTA/ <u>GIA</u> :	V	
					LTA / GIA : Medical Bill:		
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PRELIM	IINARY ADVICE	Date/Time:	Sent By:		Medical Bill: PIR: Mandate/Reject In LOD Payment Breakdov Post-Repair Photo	wn Form:	
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s\$ **7**,500.00

Name 2:

Name 3:

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Payee 1:

Payee 2: (Strike if N.A.)

Payee 3: (Strike if N.A.)