	15/5/2010					LKK:		
	n.a a.a. a.a.		CC4/AIG21	007636/Ki	ns3	IDAC:		
	INS. CASE OWNER	:	\		poo			
			ASSIGNN					
	Surveyor:	Kenneth	DOI: 14/07/2	<u> 2021 </u>	Date / Time :	14/07/2021		
	•				Registered in Merii	4.4/07/		_
	Pre-assign / CCU	/ FTE			Registered in Wern	men		_
	Tre-assign/ CCC	/ FIE						
	Insured Vehicle No	o. : SMX 24	69M	Claim No.	:			
				5 · · · · ·	-			
H	Name of Insured	: YAN FENG		Policy No.	:			
	Insured Tel No.	:	HP:	Make / Model	:			
1	Excess Sec II :S\$		D.O.A: 10/07/2021	Place of Accide	ent ·			
	·			Tidee of Aleerde				
	Is driver the owner	? (<u>YES</u> / NO)	Nature of Accident :					
	If NO, Driver Nan	ne / Age :		OI GIA REPOR	RT: YES/NO; TP	GIA REPORT: YI	ES/NO	
	Driver Tel	No. :	(V/L:YES/NO)	Insured Liabilit	y: %	Final? Yes / No		
	SLC 4786	<u>G</u>				-		
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K-N	Liability:	Liabili	ity:	Liability:	$p_{\perp}q$	Liability:		
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		SMX 2469M : X			Non-Reporting ltr (1s Non-Reporting ltr (2n			
					Non-Reporting ltr (Fi			
					Notification ltr (if nor			
					Call OI:			
					After call ltr to OI:			
					Documentation Chee	ck List: Handler	Typist	
					Notification ltr (if nor	n-pickup)		
					After call ltr to OI:			
					Authorisation To Act	:		
					Release Voucher:			
					Final Repair Bill:			
					Car Rental Invoice:			
					Towing Invoice			
					LTA / GIA :			
					Medical Bill:			
					PIR:			
					Mandate/Reject Ins	struction:		
					LOD			
					Payment Breakdow	n Form:		
PRELIN	IINARY ADVICE	Date/Time:	Sent By:		Post-Repair Photos	:		
					Others:			
FINALIZ	ZATION	Date/Time:	Confirm with:		Confirm by:			
Repair C	ost:	S\$ (days) Reduction:	%		Email Call		
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Payee 2: (Strike if N.A.)

Payee 3: (Strike if N.A.)

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Name 2:

Name 3: