	15/5/2010				CCG	CTI22007	LKK:					
	INS. CASE OWNER:				CC6/CTI23007751/Aya3				IDAC:			
			,			ASSIGNM	ENT					
	Surveyor:	ADRIAN		DOI			Data / Tima					
	Surveyor: 7101111				201			Registered in Merimen:				
	Pre-assign / CCU	/ FTF						Registered in Merii	men:			
	rre-assign/CCU/	/ F I E										
	Insured Vehicle No	. : <b>YC</b>	2554U			_	Claim No.	:				
	Name of Insured		,				Policy No.					
		· —				_	Toney 140.	•			—	
	Insured Tel No.	:					Make / Model	:				
	Excess Sec II :S\$			D.O.	A : 26/0	7/2023 19:45	Place of Accide	ent :				
	Is driver the owner:	? (Y	ES / NO )	Natu	re of Accid	lent :						
	If NO Driver New		ŕ				OLCIA DEDOI	OT. VEC / NO . TD	CIA DEDOD	r. VEC	· /NO	
	If NO, Driver Name / Age:						Insured Liabilit	EPORT: YES / NO; TP GIA REPORT: YES / NO ability: % Final? Yes / No				
	Driver Tel No. :				(V/L: YES / NO ) In			d Liability: % Final: Yes/No				
	GBK 5754T		<b>→</b>			<b></b>			<b>→</b>			
			_									<u>-</u>
	INSRS:	- 1	12 (5	NSRS:	į		INSRS:		INSRS:			
	WSP: Tel:	1	n <i>r</i> r	/SP: el :	1		WSP: Tel :		WSP: Tel :			
	Liability:		1 1 1	iability:		<b> </b>	Liability:	<u>H</u>	Liability	v :		
	RMKS:	Į.	\#/ -\#/f	MKS:	- 1		RMKS:		RMKS:			
		ı										
	Date/ Time	ODK 53	75 4T V	•		VO 25	EALL V	CTL CT		D 4 700	- / PY/	~
		GBK 57	754T - X			YQ 25	554U - X	STAGE	at).	DATI	E / PIC	C
								Non-Reporting ltr (1 Non-Reporting ltr (2	•			
								Non-Reporting ltr (F				
								Notification ltr (if no				
								Call OI:	* *			
								After call ltr to OI:				
								Documentation Ch	eck List: Han	dler	Typis	st
								Notification ltr (if no	n-pickup)			
								After call ltr to OI:		$\overline{\Box}$	Ī	
								Authorisation To Ac	t:			
								Release Voucher:				
								Final Repair Bill:				
								Car Rental Invoice:				
								Towing Invoice				
								LTA / GIA :		$\overline{\Box}$	Ī	
								Medical Bill:		$\equiv$	Ť	
								PIR:		一	ī	
								Mandate/Reject Ins	struction:		Ī	
								LOD	, in a curon.		Ī	
								Payment Breakdow	vn Form:		Ī	
PRELIN	IINARY ADVICE	Date/Time:			Sent	By:		Post-Repair Photos				
						-		Others:				
FINALI	ZATION	Date/Time:			Conf	irm with:		Confirm by:				
Repair C	ost:	S\$		( d	ays) Redu	ction:	%		Email	Call		
	SETTLEMENT	Date/Time:			irm with			Email Call				
Final Liability:		%	(Ag	reed / Asses	sed) BOL	A S/N No. :		If NO or B 28, Ass	. Lia :			
Repair Cost:		S\$										
Loss of R	tental (LOR):	S\$		( d	ays)							
Loss of Use (LOU):		S\$	(\$	X	days)							
	ncome (LOI):	S\$	(\$		days)							
LOR only	•		+ LOU	LOR +	LOI	[Tick only one]						
GIA/LTA	A Search	S\$										
Medical:		S\$						1) Claim status: No	ormal/Reject/P	rivate S	Settle	
Disburse		S\$			(e.g.	Tow/ Independent )		2) Report Format:				
Legal Cost		S\$						3) Survey fee:				

FINAL PAYMENT

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

Total:

Payee 1:

S\$

S\$

S\$

S\$

Date/Time:

Global Sum S\$:

Email Call

Confirm with:

Name 1:

Name 2:

Name 3: