15/5/2010 INS. CASE OWNER	α	CC 4/ Asm 180	14/32,	~ was	LKK: 632+1	
ING. ON SE OWNER	ASSIGNMENT				ividia	
Sarvevor:		DOI:		Date / Time .	rulate	
	Pre-assign / CCU / FTE Insured Vehicle No.:			Registered in Merin	Registered in Merimen: 1418 18	
Name of Insured	: Mr. 1/47	M 6. Ay 13	Claim No. Policy No.	:		
Insured Tel No.	:	HP:	Make / Model	:		
Excess Sec II :S\$		D.O.A: (3) 7 2018	Place of Accid	ent: Ban	when Rol > Pit	
Is driver the owner	r? (YES/NO)	Nature of Accident :				
If NO , Driver Na Driver Tel	me / Age ;	(V/L: (YE) / NO)	OI GIA REPO		GIA REPORT: YES/NO Final? Yes/No	
57V 470	8 બ				→	
INSRS: WSP: (V Le Tel: Liability:	Nodden INSRS WSP: Tel: Liabili RMKS	ty:	INSRS: WSP: Tel: Liability: RMKS:		INSRS: WSP: Tel: Liability: RMKS:	
Date/ Time	7/2.6	×	1 \	STAGE	DATE / PIC	
-28/11	3NA 408 p-x	: MWOUTH	(- X	Non-Reporting ltr (1:		
Valky 'V'	NAKA By To reject Ko.			Non-Reporting ltr (2nd): Non-Reporting ltr (Final):		
13/	& (a (s)ze) > For			Notification ltr (if no		
211.114	7			Call OI:		
26/19 9	26/14 4 To cance. No			After call ltr to OI: Documentation Check List: Handler Typist Notification ltr (if non-pickup) After call ltr to OI:		
02-07-1			GAS Tong			
			02-07-19			
1/1/19-	Will- hu - south con			Authorisation To Ac	Authorisation To Act:	
				Release Voucher:		
				Final Repair Bill: Car Rental Invoice:		
				Towing Invoice		
				LTA / GIA :		
				Medical Bill:		
-				PIR:		
				Mandate/Reject Ins	truction:	
				LOD Payment Breakdov		
RELIMINARY ADVICE	Date/Time:	Date/Time; Sent By:		Post-Repair Photos		
INALIZATION	Date/Time:	Confirm with:		Others: Confirm by:		
Repair Cost:	S\$ (days) Reduction:	%		Email Call	
FINAL SETTLEMENT	Date/Time:	Confirm with		Email Call		
inal Liability:	% (Agreed / Assessed) BOLA S/N No. ;			If NO or B 28, Ass. Lia :		
Repair Cost:	SS					
oss of Rental (LOR):	S\$ (days)			(on a	1 red	
Loss of Use (LOU):	S\$ (\$ >			 		
Loss of Income (LOI):	S\$ (\$ x		.7			
OR only LOU only		LOR + LOI [Tick only o	nej			
GIA/LTA Search Medical:	S\$ S\$			1) Claim atatas: 21	armal/Peiect/Priviote Costla	
viedicai: Disbursement:	S\$ (e.g. Tow/ Independent)			Claim status: Normal/Reject/Private Settle Report Format:		
Legal Cost	S\$	(c.g. row/ independ	well j	3) Survey fee:	:	
Fotal:	S\$	Global Sum S\$:		,5,541,05,100.	<u> </u>	
FINAL PAYMENT	Date/Time:	Confirm with:	A Commission of the Commission	Email Call		
Payee 1:	S\$	Name 1:				
rayes 1: (Strike if N.A.)	S\$	Name 2:				
Payes 2 (Surker if N.A.)	S\$	Name 3:				