| 15/5/2010            |  | CC6/AIG1901                       | 4664/Ana3       | LKK:<br>IDAC:   |               |        |  |
|----------------------|--|-----------------------------------|-----------------|---|---------------|--------|--|
| INS. CASE OWNE       | R:   |                                   |                 | IDAC;   |               |        |  |
|                      | ADRIAN   | ASSIGN<br>DOI: 20/08/19           |                 | 20/09   | /10           |        |  |
| Surveyor:            | ADRIAN   | _ DOI: <u>ZU/UU/18</u>            | ,               | Date / Time : 20/08/  |               |        |  |
|                      |  |                                   |                 | Registered in Merimen:  | 21/08/2019    | — .    |  |
| Pre-assign / CCU     | /FTE   |                                   |                 |   |               | X      |  |
| Insured Vehicle N    | 。: SGX 5827P                                   |                                   | Claim No.       | :   |               | 0      |  |
| Name of Insured      |  |                                   | Policy No.      |   |               |        |  |
|                      |  |                                   |                 | -   |               |        |  |
| Insured Tel No.      | :H   |                                   | Make / Model    | :<br>MARINA BOULEVARD T<br>ent :                              | TIRNING TO BE | YERONT |  |
| Excess Sec II :S\$   | D.   | O.A: 16/08/2019                   | Place of Accid  | ent:  | OKINING TO BA | THOM   |  |
| Is driver the owner  | r? (YES / NO ) Na                              | ture of Accident :                |                 |   |               |        |  |
| If NO, Driver Na     | me / Age :                                     |                                   | OI GIA REPO     | RT: YES / NO ; TP GIA RE                                      | PORT: YES / N | 0      |  |
| Driver Tel           | No.:   | (V/L: YES / NO)                   | Insured Liabili | ty: % Final?  | Yes / No      |        |  |
| SKJ 908Z             |  |                                   |                 |   |               |        |  |
| 010 3002             | $ \longrightarrow$ $$                          |                                   | _               |   | -             | _      |  |
| INSRS:               | INSRS:   |                                   | INSRS:          | II.   | NSRS:         |        |  |
| WSP: KIANG N         | MOTOR WSP:                                     |                                   | WSP:            | 0 1   | /SP:          |        |  |
|                      | D D  | HH                                | Tel:            | D D   | el:           |        |  |
| Liability:           | Liability:                                     | (6-10)                            | Liability:      | 1/// -1//   | iability:     |        |  |
| RMKS:                | RMKS:  |                                   | RMKS:           | R   | MKS:          |        |  |
| Date/ Time           |  |                                   |                 |   |               |        |  |
|                      | SKJ 908Z- CC6/AIG15                            | 004666/M1ya3q2; DC                | A:11/03/15      | STAGE   | DATE / P      | IC     |  |
|                      | SJC 3867L- NA1/INC08010504/Aw1 ; DOA: 31/03/08 |                                   |                 | Non-Reporting ltr (1st):                                      |               |        |  |
|                      |  |                                   |                 | Non-Reporting ltr (2nd):                                      |               |        |  |
|                      |  |                                   |                 | Non-Reporting ltr (Final):<br>Notification ltr (if non-pickup | \.            |        |  |
|                      |  |                                   |                 | Call OI:  | ):            |        |  |
|                      |  |                                   |                 | After call ltr to OI:   |               |        |  |
|                      |  | Documentation Check List: Handler |                 |   |               | Typist |  |
|                      |  |                                   |                 |   |               | ist    |  |
|                      |  |                                   |                 | Notification ltr (if non-pickup                               | <u> </u>      |        |  |
|                      |  |                                   |                 | 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 Instruction:                                   |               |        |  |
|                      |  |                                   |                 | LOD   |               |        |  |
| ET THATPIA DAY A DAY | D  |                                   |                 | Payment Breakdown Form:                                       |               |        |  |
| ELIMINARY ADVICE     | Date/Time:                                     | Sent By:                          |                 | Post-Repair Photos:   |               |        |  |
| JAI IZATION          | D-4-77:  |                                   |                 | Others:   |               |        |  |
| ALIZATION            | Date/Time:                                     | Confirm with:                     |                 | Confirm by:   |               |        |  |
| air Cost:            |  | days) Reduction:                  | %               | Email   | Call          |        |  |
| NAL SETTLEMENT       |  | nfirm with                        |                 | Email Call  |               |        |  |
| al Liability:        |  | essed) BOLA S/N No.:              |                 | If NO or B 28, Ass. Lia:                                      |               |        |  |
| air Cost:            | S\$  |                                   |                 |   |               |        |  |
| s of Rental (LOR):   | S\$ (  | days)                             |                 |   |               |        |  |

S\$

S\$

S\$

S\$

S\$

S\$

S\$

S\$

Date/Time:

LOU only

(\$

(\$

LOR + LOU[

Loss of Use (LOU):

LOR only

Disbursement:

Legal Cost

Total:

Payee 1:

GIA/LTA Search Medical:

FINAL PAYMENT

Payee 2: (Strike if N.A.)

Payee 3: (Strike if N.A.)

Loss of Income (LOI):

days)

days)

days)

Global Sum S\$:

Confirm with:

Name 1:

Name 2:

Name 3:

[Tick only one]

(e.g. Tow/ Independent )

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

Call

3) Survey fee:

Email

LOR + LOI