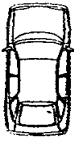


INS. CASE OWNER:

CC6/III20005613/Uga3

IDAC:

ASSIGNMENTSurveyor: **MARCUS**DOI: **08/05/2020**Date / Time : **08/05/2020**Registered in Merimen: **08/05/2020****Pre-assign / CCU / FTE**Insured Vehicle No. : **GBB 9223E**

Claim No. : _____

Name of Insured : **MILLION AUTO RENTAL PTE LTD**

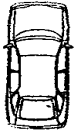
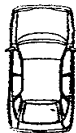
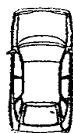
Policy No. : _____

Insured Tel No. : **62649091**

HP: _____

Make / Model : **NISSAN NV200-1.5 D MT ABS AIRBAG 2WD 6DR (A)****Excess Sec II :S\$**D.O.A : **06/05/2020**Place of Accident : **CHIN SWEE ROAD X YORK HILL**Is driver the owner? (YES / **NO**)

Nature of Accident : _____

If **NO**, Driver Name / Age : **LIN JIAN**OI GIA REPORT: ☒ YES / NO ; TP GIA REPORT: ☒ YES / NODriver Tel No. : **85781698**(V/L: ☒ YES / NO)Insured Liability : % **Final ? Yes / No****SLX 1470B**INSRS:
WSP: **CHOO
MOTOR**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SLX 1470B - X	GBB 9223E - X	STAGE	DATE / PIC
			Non-Reporting ltr (1st):	
			Non-Reporting ltr (2nd):	
			Non-Reporting ltr (Final):	
			Notification ltr (if non-pickup):	
			Call OI:	
			After call ltr to OI:	
			Documentation Check List:	Handler
			Notification ltr (if non-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 Instruction:	☐
			LOD	☐
			Payment Breakdown Form:	☐
			Post-Repair Photos:	☐
			Others:	☐
PRELIMINARY ADVICE	Date/Time:	Sent By:		
FINALIZATION	Date/Time:	Confirm with:	Confirm by:	
Repair Cost:	S\$	(days) Reduction:	%	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time:	Confirm with	Email ☐	Call ☐
Final Liability:	%	(Agreed / Assessed) BOLA S/N No. :	If NO or B 28, Ass. Lia :	
Repair Cost:	S\$			
Loss of Rental (LOR):	S\$	(days)		
Loss of Use (LOU):	S\$	(\$ x days)		
Loss of Income (LOI):	S\$	(\$ x days)		
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐	[Tick only one]			
GIA/LTA Search	S\$			
Medical:	S\$	1) Claim status: Normal/Reject/Private Settle		
Disbursement:	S\$	(e.g. Tow/ Independent)	2) Report Format:	
Legal Cost	S\$	3) Survey fee:		
Total:	S\$	Global Sum S\$:		
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐	Call ☐
Payee 1:	S\$	Name 1:		
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		