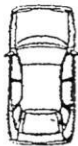|			LKK:
INS. CASE OWNER:	CC 4 / AIG 2000 7291 / Kds3		IDAC:

ASSIGNMENT

Surveyor: __Kenneth__   DOI: __15/07/2020__   Date / Time : __14/07/2020__

Registered in Merimen: __14/07/2020__

Pre-assign / CCU / FTE

Insured Vehicle No. : __SJH 1238P__   Claim No. : _____

Name of Insured : OOI POH CHOO MARJORIE   Policy No. : _____

Insured Tel No. : _____ HP: _____   Make / Model : _____

Excess Sec II :S$ _____ D.O.A : 12/07/2020   Place of Accident : _____

Is driver the owner? (YES / (NO))   Nature of Accident : _____

If NO, Driver Name / Age : _____   OI GIA REPORT: (YES) / NO ; TP GIA REPORT: (YES) / NO

Driver Tel No. : _____ (V/L: (YES) / NO)   Insured Liability : ___ %   Final ? Yes / No

__SDW 5168Z__ → _____ → _____ →
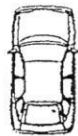
INSRS:	INSRS:	INSRS:	INSRS:
WSP:	WSP:	WSP:	WSP:
Tel : MBM WHEELPOWER	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:
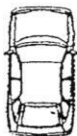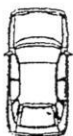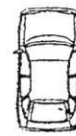
SDW 5168Z : CS/CTI20005403/f3 ; DOA : 17/04/2020
SJH 1238P : NBA/AIG14016068/Y ; DOA : 21/08/2014

Date/ Time		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	Typist
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: