				K:	
	CC4/AIG20013	3105/Bba	3 IDAC:		
	ASSIGNM	IENT	,		
R . LIM	DOI: 27/11/20	20	Date / Time: 27/1	1/2020	
				07/44/	2020
E			Registered in Merimen.		
: GBG 3405K		Claim No.	:		
:		Policy No.	:		
	HP:	Make / Model	:		
				MSON ROA	AD
		Trace of Accide			
	Nature of Accident .				
If NO, Driver Name / Age : Driver Tel No.: (V/L: YES / NO)		OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO			
	(V/L: YES / NO)	Insured Liability	y: % Fina	at? Yes/No	
					
\$? (S					
Τ/Τ	10—11	Tel:	11—11	Tel:	
Liability	/: [Liability:		Liability:	
RMKS:		RMKS:		RMKS:	
P 9828C -X	GBG 34	05K - X	STAGE	DAT	TE / PIC
			Non-Reporting ltr (1st):		
			1 0 , ,		
				ру.	
			After call ltr to OI:		
			Documentation Check List: Handler Typist		
			Notification ltr (if non-pic	kup)	
			After call ltr to OI:		
			Authorisation To Act:		
			Release Voucher:		
			Final Repair Bill:		
			Car Rental Invoice:		
			Towing Invoice		
			Medical Bill:		
					<u> </u>
				tion:	<u> </u>
a/Timo:	Cont D		•	orm:	<u> </u>
e/11me:	Sent by:				
			Ouicis.		
e/Time:	Confirm with:		Confirm by:		
e/Time:	Confirm with: days) Reduction:	%	Confirm by:	il Call	
	(YES / NO) Age: INSRS: WSP: Tel: Liability	ASSIGNM 27/11/202 E : GBG 3405K :- HP:	R . LIM DOI: 27/11/2020 E : GBG 3405K Claim No. Policy No. Make / Model Place of Accident: OI GIA REPOR Insured Liability WSP: Tel: Liability: RMKS: P 9828C - X GBG 3405K Claim No. Policy No. Make / Model Place of Accident: OI GIA REPOR INSURATION WSP: Tel: Liability: RMKS: P 9828C - X GBG 3405K - X	R. LIM DOI: ASSIGNMENT 27/11/2020 Date / Time: 27/11 Registered in Merimen: E GBG 3405K Claim No. : Policy No. : Make / Model : D.O.A : 26.11.2020 1630 Place of Accident : UPPER THO (YES / NO) Nature of Accident : Nor Reporting Ir (1st): RMKS: P9828C - X GBG 3405K - X STAGE Non-Reporting Ir (1st): Non-Reporting Ir (1st): Non-Reporting Ir (Final): Non-Reporting Ir (Final): Non-Reporting Ir (Final): Non-Reporting Ir (Final): Non-Reporting Ir (1st): Call OI: After call Ir to OI: Authorisation To Act: Release Voucher: Final Repair Bill: Car Rental Invoice: Towing Invoice LTA / GBA : Medical Bill: PIR: Mandate/Reject Instruct LOD Payment Breakdown For	ASSIGNMENT Dol: 27/11/2020 Date / Time : 27/11/2020 Registered in Merimen: 27/11/2020 Regist

			Payment Breakdown Form:			
PRELIMINARY ADVICE	Date/Time:	Sent By:	Post-Repair Photos:			
	·		Others:			
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 L	OR + 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:				