15/5/2010		

LKK:		
IDAC		

INS. CASE OWNER	:	CC3/AIG210	002706/ps3		IDAC:	
		ASSIGN	MENT			
Commence		DOI:		Date / Time :	01/03/2021	
Surveyor:					0.1.10.0.10.0.0.1	_
D / CCVI	(120012			Registered in Meri	men: 01/03/2021	
Pre-assign / CCU	/FIE					
Insured Vehicle No	s. : SML 7	107M	Claim No.			
Name of Insured	LOH YI CHUN		Policy No.			
Name of histiled			Tolley No.			
Insured Tel No.	: <u></u>	HP:	Make / Model :			
Excess Sec II :S\$		D.O.A: 20/02/2021	Place of Accider	nt :		
Is driver the owner	? (YES / NO)	Nature of Accident :				
If NO, Driver Nan	ne / Age :		OI GIA REPOR	T: YES / NO ; TP	GIA REPORT: YES/NO	
Driver Tel		(V/L: YES / NO)	Insured Liability		Final? Yes/No	
			•	1		
SLS 20365	<u>S</u> _ →				-	
INSRS:	INSRS		INSRS:		INSRS:	
WSP: PREMIU			WSP:		WSP:	
H H Tel:	Tel:	H	Tel:	HH	Tel:	
Liability:	Liabili	114 -1/1	Liability:		Liability : RMKS:	
RMKS:	RMKS		RMKS:	***************************************	KMK5:	
Date/ Time	The Diagram		Dow			
	SLS 2036S : X ;	SML 7107M : X		STAGE	DATE / PIC	
				Non-Reporting ltr (1: Non-Reporting ltr (2:		
				Non-Reporting ltr (F		
Malan	Aucon	b		Notification ltr (if no	on-pickup):	
8/3/2011-	- 10 cancel	Ket.		Call OI:		
	A A CHAPI	done.		After call ltr to OI: Documentation Che	eck List: Handler Typist	
(0/3/21	100 survig	Olora.		Notification ltr (if no		
				After call ltr to OI:	pressap)	
4		Terra militar segui fere destruttura	e germannant -	Authorisation To Ac	t:	
1		·		Release Voucher:		
				Final Repair Bill:		
				Car Rental Invoice:		
				Towing Invoice		
				LTA / GIA :		
				Medical Bill:		
				PIR:		
				Mandate/Reject In LOD	struction:	
				Payment Breakdov	wn 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 Cal		
Final Liability:		Assessed) BOLA S/N No.:		If NO or B 28, Ass	. Lia :	
Repair Cost:	S\$	dava				
Loss of Rental (LOR): Loss of Use (LOU):	S\$ (S\$ (\$ x	days) - days)				
Loss of Income (LOI):	S\$ (\$ x			By A.C. Sand		
LOR only LOU only		LOR + LO [Tick only o	ne]			
GIA/LTA Search	S\$		2000000	eri i i i i i i i i i i i i i i i i i i	prava tradical Ara	
Medical:	S\$	and a report of			ormal/Reject/Private Settle	
Disbursement:	S\$	(e.g. Tow/ Independer		2) Report Format:	in a said and a said a	
Legal Cost	S\$	GLI I G = Gt		3) Survey fee:		
Total:	S\$	Global Sum S\$:	PORTY L	Email Out		
FINAL PAYMENT	Date/Time:	Confirm with:		Email Cal		
Payee 1:	S\$	Name 1:	- or - negli gran 15			
Payee 2: (Strike if N.A.)	S\$	Name 2:	325-7 (3-4			
Payee 3: (Strike if N.A.)	S\$	Name 3:				