| INS. CASE OWNE                                   | ER:  | CC4/AIG2100                           | 06970/ra3                                     |  | IDAC:   |                |
|--|--|---------------------------------------|---|--|---|----------------|
|  |  | ASSIGN                                | IMENT   |  |   |                |
| Surveyor:  |  | DOI:                                  |   | Date / Time :  | 23/06/2021                                    |                |
|  |  |                                       |   | 200 Maria 1900 Maria 1 |   |                |
| Pre-assign / CCI                                 | U / FTE  |                                       |   | Registered in Mer  | nmen:   |                |
| Insured Vehicle                                  | 3,789).  |                                       | Claim No.                                     | :  |   |                |
| Name of Insured                                  | : UNIQUE WAST  | E MANAGEMENT PTE                      | LTD <sub>Policy No.</sub>                     | :  |   |                |
| Insured Tel No.                                  |  | HP:                                   | Make / Model                                  |  |   |                |
| Excess Sec II :S                                 |  | D.O.A: 22/06/2021 14                  |   |  | E, Singapore                                  |                |
| Is driver the owner                              | 000 -  |                                       | Place of Accid                                | ient: Iveal ivic   | L, Olligapore                                 |                |
|  |  | Nature of Accident :                  |   |  |   | Area - Courses |
| If NO, Driver Name / Age : Driver Tel No. :      |  | (V/L: YES / NO)                       |   |  | P GIA REPORT: YE<br>Final? Yes/No             | IS / NO        |
| XE 8668K   |  |                                       |   |  | <b>→</b>                                      |                |
| INSRS: WSP: Lee Ku Tel: Motor S Liability: RMKS: |  |                                       | INSRS:<br>WSP:<br>Tel:<br>Liability:<br>RMKS: |  | INSRS:<br>WSP:<br>Tel:<br>Liability:<br>RMKS: |                |
| Date/ Time                                       |  |                                       |   | - Indon's second of  |   |                |
|  | XE 8668K - NA/INC  | C17003262/r3 ; 16.02                  | 2.2017  | STAGE  | DA'   | TE / PIC       |
|  | SLC 2225Y - X  |                                       |   | Non-Reporting ltr (  |   |                |
|  |  |                                       |   | Non-Reporting ltr (<br>Non-Reporting ltr (   |   |                |
|  |  |                                       |   | Notification ltr (if n   |   |                |
| 23/11/2021                                       | PLEASE REFER TO  | VIEW FOR MORE DE                      | TAILS   | Call OI:   | • •   |                |
|  | *SUBMIT WP AS PER AIG INSTRUCTIONS   |                                       |   | After call ltr to OI:  |   |                |
|  | NO SURVEY DONE   |                                       |   | Documentation Cl   | heck List: Handler                            | Typist         |
| 22/11/   | 70 (A. (Or)  |                                       |   | Notification ltr (if n   | on-pickup)                                    |                |
| 25/11/21   | TO CANCEL.   |                                       |   | After call ltr to OI:  |   |                |
| 4  |  |                                       |   | Authorisation To A   | ct:   |                |
|  |  |                                       |   | Release Voucher:   |   |                |
|  |  |                                       |   | Final Repair Bill:   |   |                |
|  |  |                                       |   | Car Rental Invoice:  |   |                |
|  |  |                                       |   | Towing Invoice   |   |                |
|  |  |                                       |   | LTA / GIA :  |   |                |
|  |  |                                       |   | Medical Bill:  |   |                |
|  |  |                                       |   | PIR:   |   |                |
|  |  |                                       |   | Mandate/Reject In  | istruction:                                   |                |
|  |  |                                       |   | LOD  |   |                |
| DDEL DADIA DV. A DVIGO                           | 1 D . W  |                                       |   | Payment Breakdo  |   |                |
| PRELIMINARY ADVICE                               | Date/Time:   | Sent By:                              |   | Post-Repair Photo  | is:   |                |
| FINALIZATION                                     | D  | 2 2 11                                |   | Others:  |   |                |
| Repair Cost:                                     | Date/Time:<br>S\$ (  | Confirm with:                         | ~   | Confirm by:  |   |                |
| FINAL SETTLEMENT                                 | AND THE RESERVE OF THE PERSON  | days) Reduction:                      | %   |  | Email Call _                                  |                |
| Final Liability:                                 |  | Confirm with Assessed) BOLA S/N No. : |   | Email Call   |   |                |
| Repair Cost:                                     | S\$  | nascascu) DOLA S/N No. :              |   | If NO or B 28, As  | s. Lla :                                      |                |
| Loss of Rental (LOR):                            | S\$ (  | days)                                 |   |  |   |                |
| Loss of Use (LOU):                               | S\$ (\$ x  | days)                                 |   | <del> </del>   |   |                |
| Loss of Income (LOI):                            | S\$ (\$ x  | days)                                 |   |  |   |                |
| LOR only LOU only                                |  | OR + LOI [Tick only or                | iel   |  |   |                |
| GIA/LTA Search                                   | S\$  |                                       |   |  |   |                |
| Medical:   | S\$  |                                       |   | 1) Claim status:   | ormal/Reject/Trivate                          | e WP           |
| Disbursement:                                    | S\$  | (e.g. Tow/ Independer                 | nt )  | 2) Report Format:  |   | John IVI       |
| Legal Cost                                       | S\$  |                                       |   | 3) Survey fee:   | 11.00 (MERIM                                  | EN FFF)        |
| Total:   | TORRESON.  | Global Sum S\$:                       |   |  | (INIEI VIIVI                                  |                |
| FINAL PAYMENT                                    | And the second state of the second se | Confirm with:                         |   | Email Call   |   |                |
| Payee 1:   |  | Name 1:                               |   | Can  |   |                |
| Payee 2: (Strike if N.A.)                        |  | Name 2:                               |   |  |   |                |
| Payee 3: (Strike if N.A.)                        |  | Name 3:                               |   |  |   |                |
|  |  |                                       |   |  |   |                |