15/5/2010		CC2/CT124000	DE6/T1003		LKK:	
INS. CASE OWNE	IR:	CC3/CTI210082	250/1 Teas)	IDAC:	
		ASSIGNM	ENT			
Surveyor:	TAUFIKH	DOI: 03/08/2021		Date / Time: 03/08/2021		
	_			Registered in Merim	nen:	
Pre-assign / CCU	J /FTE					
1771:13	so. : SMZ 6934A		CI. N			
Insured Vehicle N	10. : OIVIZ 000471		Claim No.	•		
Name of Insured	:		Policy No.	:		
Insured Tel No.	:	HP:	Make / Model	:		
Excess Sec II :S\$	<u></u>	D.O.A: 31.07.2021 10:20	Place of Accide	nt:		
Is driver the owner	er? (YES / NO)	Nature of Accident :				
	,	1 talane of 1 feetaent 1	OLCIA DEDOI	T VEC / NO. TD /	CIA DEDORT VEG / NO	
If NO, Driver Name / Age : Driver Tel No. :				PORT: YES / NO; TP GIA REPORT: YES / NO pility: % Final? Yes / No		
Driver Te.	. INO. :	(V/L: YES / NO)	Insured Liability	y: % 1	Final : Yes/No	
SHC 1972	<u>C</u>				→	
n yang	nyapa		Diaba		n van a	
INSRS: CDGI	INSRS WSP:		INSRS: WSP:		INSRS: WSP:	
Tel: LOYA	NG Tel:	1 -7	Tel:	11-71	Tel:	
Liability:	Liabilit	y: 2	Liability:		Liability:	
RMKS:	RMKS	1/4/	RMKS:		RMKS:	
Date/ Time						
Dates Time	SHC 1972C - CC3/AI(G10021111/Fn1f2g1 ; 18/10/2	2010	STAGE	DATE / PIC	
	CC3/CT	116013459/H1ua3n2 ; 17/07/	2016	Non-Reporting ltr (1st		
	CS/III13	012056/Atk3 ; 01/07/2013		Non-Reporting ltr (2nd		
	CS/TMI13012004/H1gk3; 01/07/2013 NA/INC12009824/w1; 14/05/2012 NS/INC12009924/H1fr2; 14/05/2012			Non-Reporting ltr (Final): Notification ltr (if non-pickup):		
	NS/INC	19006467/K1qd3n2; 08/04/2	019	Call OI:		
	SMZ 6934A - X	20006280/T1qf3n2; 12/06/20)20	After call ltr to OI: Documentation Chec	al-Tist Handlen Tonist	
	3IVIZ 0934A - A					
				Notification ltr (if non After call ltr to OI:	-pickup)	
	CTI DEDUDIATED I	IABILITY DUE TO NON B	EDODTING	Authorisation To Act:		
	ALL LETTERS SEND	IABILITY DUE TO NON R	EPORTING	Release Voucher:		
	THE ELTITING OF THE	201 011		Final Repair Bill:		
				Car Rental Invoice:		
				Towing Invoice		
				LTA / GIA :		
				Medical Bill:		
				PIR:		
				Mandate/Reject Inst	ruction:	
				LOD		
				Payment Breakdowr	n Form:	
RELIMINARY ADVICI	Date/Time:	Sent By:		Post-Repair Photos:		
				Others:		
INALIZATION	Date/Time:	Confirm with:		Confirm by: MTH		
epair Cost: P/F			6 %		Email Call	
INAL SETTLEMENT	Date/Time:	Confirm with		Email Call		
nal Liability:		Assessed) BOLA S/N No.:		If NO or B 28, Ass.	Lia:	
epair Cost:	S\$					
oss of Rental (LOR):	S\$ (S\$ (\$ x	days)				
oss of Use (LOU):	S\$ (\$ x S\$ (\$ x	days)				
as of income (LDD).	1.3.0 Y	UAVSI		1		

PRELIMINARY ADVICE	Date/Time: Sent By:	Post-Repair Photos:			
		Others:			
FINALIZATION	Date/Time: Confirm with:	Confirm by: MTH			
Repair Cost: P/P	S\$ 2,657.76 (3 days) Reduction: 26 %	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 Sottle			
Disbursement:	S\$ (e.g. Tow/ Independent)	2) Report Format: TP/WP			
Legal Cost	S\$	3) Survey fee: \$280			
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:				