| 15/5/2010 | | | | LKK: | |
|--------------------------------|--|-------------------------------------|------------------|--|--|
| INS. CASE OWNE | ER: | CC6/AIG230001 | 76/Apa3 | IDAC: | |
| 11.0. 0.102 0 11.12 | | ASSIGNM | <u> </u> | | |
| | ADDIAN | DOI: 16/12/2022 |) | 10/10/2022 | |
| Surveyor: | ADRIAN | DOI: 10/12/2022 | <u>-</u> | Date / Time : 16/12/2022 | |
| | | | | Registered in Merimen: 05/01/2023 | |
| Pre-assign / CCU | J / FTE | | | | |
| | . GBL 2843J | | Claire Na | | |
| Insured Vehicle N | 10. : <u>ODL 20100</u> | | Claim No. | · | |
| Name of Insured | : | | Policy No. | : | |
| Insured Tel No. | | HP: | Make / Model | | |
| | | D.O.A: 14/12/2022 08:15 | | | |
| Excess Sec II :S\$ | - | | Place of Accide | ent : | |
| Is driver the owner | er? (YES / NO) | Nature of Accident : | | | |
| If NO, Driver Na | ime / Age : | | OI GIA REPOI | RT: YES / NO ; TP GIA REPORT: YES / NO | |
| Driver Te | l No. : | (V/L: YES / NO) | Insured Liabilit | ty: % Final? Yes/No | |
| OND 0704D | | , | | | |
| SND 3701D | | | - | | |
| Diana | nioni | | Diche | Diebe | |
| INSRS:1ST | WORKS INSRS |): | INSRS: WSP: | INSRS: WSP: | |
| WSP: AUTOV | VORKS Tel: | 1 -7 | Tel: | Tel: | |
| Liability: | Liabili | ity: [] [] | Liability: | Liability: | |
| RMKS: | RMKS | 11/1 | RMKS: | RMKS: | |
| | KIVIK | | RWINS. | KWIKO. | |
| Date/ Time | | | | | |
| | SND 3701D - X | GBL 284 | 3J - X | STAGE DATE / PIC | |
| We have | detected that there is already | y an active claim within 1 day of t | ne Date of Loss | Non-Reporting ltr (1st): | |
| | | • | le Date of Loss. | Non-Reporting ltr (2nd): Non-Reporting ltr (Final): | |
| SND3701 | D Date of Loss: 14/12/2022 IG Asia Pacific Insurance Pt | (TP) | | Notification ltr (if non-pickup): | |
| | Bifrost Auto Pte Ltd (Kaki Bu | | | Call OI: | |
| | | , | | After call ltr to OI: | |
| Please CC | NFIRM that this is NOT the | same case you are creating. | | 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: | |
| ELIMINARY ADVICI | Date/Time: | Sent By: | | Post-Repair Photos: | |
| IIII | . Date Illie. | Sent Dy. | | Others: | |
| NALIZATION | Date/Time: | Confirm with: | | Confirm by: | |
| pair Cost: | S\$ (| days) Reduction: | % | Email Call | |
| NAL SETTLEMENT | Date/Time: | Confirm with | /U | Email Call | |
| | | | | | |
| al Liability: | % (Agreed S\$ | / Assessed) BOLA S/N No. : | | If NO or B 28, Ass. Lia: | |
| oair Cost: ss of Rental (LOR): | S\$ (| dave) | | | |
| ss of Use (LOU): | | days) days) | | | |
| ss of Use (LOU): | | • | | | |
| os of filcome (LOI). | S\$ (\$ x | days) | | I and the second | |

LOU only

S\$

S\$

S\$

S\$

S\$

S\$

S\$

S\$

Date/Time:

LOR only [

Medical:

Legal Cost

Total:

Payee 1:

GIA/LTA Search

FINAL PAYMENT

Payee 2: (Strike if N.A.)

Payee 3: (Strike if N.A.)

Disbursement:

] LOR + LOU[

LOR + LOI

Global Sum S\$:

Confirm with:

Name 1: Name 2:

Name 3:

[Tick only one]

(e.g. Tow/ Independent)

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

Call

3) Survey fee:

Email