15/5/2010	CC4/LDC22004160/ve2		LKK:			
INS. CASE OWNER	ASE OWNER: CC4/LPC23004160		4160/ya3	I	DAC:	
		ASSIGNM	<u>IENT</u>			
Surveyor:	DOI: Date / Time : 21.04.2023					
			Registered in Merimen:			
Pre-assign / CCU	/ FTE				· · ·	
Insured Vehicle No	o. : GQ 660Y		Claim No.	: <u> </u>		
Name of Insured	ame of Insured : MOONLIGHT PTE LTD			: Z22VC05013206		
Insured Tel No.	:	Make / Model	Kia K2500			
Excess Sec II :S\$		D.O.A:19/04/2023 10:45	Place of Accider	JALAN MAS	SJID TO CHAI	MGI ROAD
Is driver the owner	? (YES / NO)	Nature of Accident :				
If NO , Driver Nan	me / Age : LOW LEK MO	ONG	OI GIA REPOR	T: YES / NO ; TP G	JA REPORT: YES	/ NO
Driver Tel		(V/L: YES / NO)	Insured Liability		inal? Yes/No	
SLS 4820G					-	
INSRS: BORNE WSP: MOTOR	EO INSRS WSP:		INSRS: WSP:		INSRS: WSP:	
Tel: PTF LT	Tel:	A-A	Tel:	A A	Tel:	
Liability : RMKS:	Liabilit RMKS		Liability : RMKS:		Liability:	
	RIVINS		KWK5:		RMKS:	
Date/ Time	utus Data Costanaan Namaa N	/ahiala Na TD //ahiala Na Aasi	dant Data Class D	COR ACCUS - 4 - 4 D.	DATE	E / DIC
CC4/AXA180	ntry Date Customer Name \ 013228/Kga3q2 15/07/2019	/ehicle No. TP Vehicle No. Accid SLS 4820G SHD 200Z 14/07/	dent Date Close D 2018 16/07/2019 I	Non-Reporting ltr (1st)	DATE	E / PIC
GQ 660Y - X				Non-Reporting ltr (2nd	l):	
				Non-Reporting ltr (Fina		
				Notification ltr (if non- Call OI:	ріскир):	
				After call ltr to OI:		
				Documentation Check List: Handler Typist		
				Notification ltr (if non-		
				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 Instr	uction:	
				LOD		
				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:	%		mail Call Call	
FINAL SETTLEMENT	Date/Time:	Confirm with		Email Call		
Final Liability:		Assessed) BOLA S/N No.:		If NO or B 28, Ass. I	_ia :	
Repair Cost: Loss of Rental (LOR):	S\$ S\$ (dava				
	·	days)				
Loss of Use (LOU): Loss of Income (LOI):	S\$ (\$ x S\$ (\$ x	days) days)				
LOR only LOU only			1			
GIA/LTA Search	S\$	OR + LOI [Tick only one	J			
Medical:	S\$			1) Claim status: Norn	nal/Reject/Private S	Settle
Disbursement:	S\$	(e.g. Tow/ Independent		2) Report Format:		,
Legal Cost	S\$	(5.8. 10 maependent		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:				