15/5/2010		CC 4/AIG1801	mare t	rh3	LKK:
INS. CASE OWNER	4	CC (/AIG1801	1010 11	100	IDAC:
Surveyor:	Fenneth	DOI: ASSIGN	MENT 1 (8	Date / Time :	7/18
n		,		Registered in Meria	men: 1/1/08
Pre-assign / CCU Insured Vehicle No	GBD 6	868D	Claim No.	:	
***	· -				
Name of Insured	:		Policy No.	•	
Insured Tel No.		HP:	Make / Model	:	
Excess Sec II :S\$  Is driver the owner	? (YES / NO )	D.O.A: YIVI	Place of Accid	lent :	
If NO. Driver Nar			OLGIA REPO	RT: YES / NO : TP	GIA REPORT: YES / NO
Driver Tel		Insured Liability: % Final ? Yes / No			
GER 519	<u>₩</u>			-	<b>-</b>
INSRS: WSP: Tel: Liability: RMKS:	INSRS WSP: Tel: Liabili RMKS	ıy:	INSRS: WSP: Tel: Liability: RMKS:		INSRS: WSP: Tel: Liability: RMKS:
Date/ Time					
	SERTION Y	ana 6868	D-4	STAGE Non-Reporting ltr (1s Non-Reporting ltr (2r	
11/12/2020	PLEASE REFER TO VIEWS FOR DETAILS			Non-Reporting Itr (Final):  Notification Itr (if non-pickup):  Call OI:  After call Itr to OI:	
	*SUBMIT WP REPORT TO AIG AS PER INSTRUCTION				
	OODMIT THE TALL O	TO THE TENTE OF LIVING I		Documentation Che	
				Notification ltr (if not After call ltr to OI:	n-pickup)
				Authorisation To Act	
				Release Voucher:	
				Final Repair Bill:	
				Car Rental Invoice:	
				Towing Invoice	
				LTA / GIA :	
				Medical Bill:	
				PIR:	
				Mandate/Reject Ins	struction:
				LOD Payment Breakdow	yn Form:
PRELIMINARY ADVICE	Date/Time:	Sent By:		Post-Repair Photos	
		Juli 27.		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:	% (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):	SS (S x days)				
Loss of Income (LOI):	S\$ (S x	and the second s			
LOR only LOU only		OR + LO [Tick only o	nej		
GIA/LTA Search	S\$			1) Claim at a st	WP
Medical:	S\$	(a a Transit Line 1	nt \	1) Claim status: He	TP VVP
Disbursement: Legal Cost	SS SS	(e.g. Tow/ Independe	III. J.	Report Format:     Survey fee:	200.00
Total:	S\$	Global Sum S\$:		3) Survey Ice.	200.00
FINAL PAYMENT	Date/Time:	Confirm with:		Email Cal	
Payee 1:	S\$	Name 1:		Linan Call	
Payee 2: (Strike if N.A.)	S\$	Name 2:			
Payee 3: (Strike if N.A.)	S\$	Name 3:			

08/11/13) wef REF: 11G				
ASS. REC. BY:	CONMENT			
	Veh No: SKR 319714 Yr Regn: 02, 15			
From: Date: 03/07/2018	701110			
Estimated Cost:	Type: M.Car M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /			
DD (TP) WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or			
o Inspect Vehicle No: SKR 5197H	Make: March 3 c.c 1418			
Workshop m/s Chew Goon Motor	Colour A. Corey A/C: Insured / Std / NI / NA			
BIKID, AMK Ind Park 2A Ave 5#01-15	Sp.Reading 635%5 T/Radio: Insured / Std / NI / NA			
sured:	Eng/No:			
olicy No.	C/No: TM 6BM & ZA8F 016617			
laims No.	Gen. Cond: Good / Fair / Poor / Burnt			
um Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or			
(Client's Record)	Brake: Ino der / Jammed / Leaked / Burnt or			
Make of Veh:	Modi: Nil / S/Rim / STDA/Rim or			
	Tyre Size: F: 205 160R16			
(Policy Condition)	R:			
temark: The veh had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /			
repair at the time of inspection.	TOYO / YOKO or			
al. or Market Value:	Front A Rear 0			
DAC Accident Rport: Consistent? : Yes or No	R/Bal. R/Bal. mm			
SIA / PR Seen: Consistent? : Yes or No	L/Bal. R mm L/Bal. P mm			
ist. Repairs: C3 days Res.: Yes or No	D.O.A. 21/6/18 D.O.I. 3/7/18			
um Sum: 1-B-1 % 3 Val.: Yes or No	Survey held at			
	Des. of Damages Frt / Rear / O/S / N/S / U/C / Rooftop or			
CA / REV / REP. / 24 HRS (Ψ) Vehicle: IN / OUT	book of burninges (TA), reducting the restriction of the restriction o			
Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.			
Pate / Time Action / Instruction 4/7- Pale pen & Corhesne				
*				
ate/Time, File Pass to? : Preli. Report	Days Of Repair:			
: Final Report	Resurvey No. of Trip: Survey Fee:			
ate/Time, File Return to?	Transportation:			
Add Fee				
	: Interview (\$) Photos			
eport Format :	: Tech. Invs (\$) Others			
ump Sum / I.B.I: (\$	: Weekend (\$			
	TOTAL			