

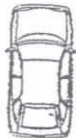
Surveyor:

DOI:

Date / Time :

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

Name of Insured :

Insured Tel No. :

HP:

Excess Sec II :SS

D.O.A :

Is driver the owner?

(YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

Driver Tel No. :

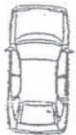
(V/L: YES / NO)

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability :

%

Final ? Yes / No



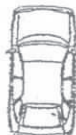
INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

P28 656A - X

; CLK 1936 U - X

STAGE

DATE / PIC

Non-Reporting ltr (1st):

Non-Reporting ltr (2nd):

Non-Reporting ltr (Final):

Notification ltr (if non-pickup):

Call OI:

After call ltr to OI:

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:

Post-Repair Photos:

Others:

PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Repair Cost: L/S \$S 1,300

(3 days)

Reduction: 1,340/51 %

Email ☐ Call ☐

FINAL SETTLEMENT

Date/Time:

Confirm with

Email ☒ Call ☐

Final Liability:

% 100

(Agreed / Assessed) BOLA S/N No. : 15

If NO or B 28, Ass. Lia :

Repair Cost: (w/GST)

\$S 1,391.00

Loss of Rental (LOR):

\$S

(days)

Loss of Use (LOU):

\$S 80

(\$ 20 x 4 days)

Loss of Income (LOI):

\$S

(\$ x days)

LOR only ☐ LOU only ☒LOR + LOU ☐ LOR + LOI ☐ [Tick only one]

GIA/LTA Search

\$S 7.49

Medical:

\$S

Disbursement:

\$S

Legal Cost

\$S

Total:

\$S 1,478.49

Global Sum \$S: 1,470.00

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:

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

22/01/2002

ASS. REC. BY:

REF:

C8/ALG19005155 / Aqcl3

Special Instruction:

Surveyor:

Adrian

ASSIGNMENT (Office)

From (Person):

Chin Lee Ying

of

AIG

Date/Time:

2013/19 @ 10:44am

Estimated Cost:

Bill to:

OD / TP / WS / TP RES / OD RES / EVA / INV / MY / CS

To Inspect Vehicle No:

FZ 656A

Insured:

SLF 1936U

at Workshop m/s

Comfort Delgro

Tel:

6848 5726 / 8188 8999
(Alvin)

of

320 Ubi Rd 3

Policy No:

Claim No:

Sum Insured:

Excess:

Make of Veh:

D.O.A.

11/02/2019

(Client's Record)

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time:

12:21pm

Person Contacted:

Alvin

Vehicle IN / OUT

Date/Time

Action/Instruction

(✓)

Estimate

Dun assign Ge.

FZ 656A - X

Insp: Unique Motorsports: 1 Kaki Bkt Ave 6 # 02-54

SLF 1936U - X

