Loss of Rental (LOR):   S\$   800.00 (   8   days)   X \$100.00   Ol changed lane	15/5/2010		CC4/AIG1	9010941/A	ha3	LKK: DAC:	
Surveyor:    Doct	INS. CASE OWNER	0	ACCICI	NATENT			1
Registered in Merimon:  Pre-assign / CCU / FTE  Instruct of Insured  Insured vehicle No. :  Insured revenued :  Insured revenu		Mal		10 1 ( 1 , 1/2		19/6	19
Pre-assign / CCU / FTE Insured Vehicle No. : PT / Q / C Insured Vehicle No. : Policy No. : Insured Tab No. : Q / Insured Tab No. : Q / Insured Tab No. : Q / Insured Liability : W Final 7 Yes / No Insured Liability : W Final 7 Yes / No Insured Liability : W Final 7 Yes / No Insured Liability : W Final 7 Yes / No Insured Liability : RMKS:	Surveyor:	V 1		0.101		en: relb!	9
Insured Tell No.  Insured Lability:  Insure	Pre-assign / CCU		1.0		Registered in Werlin		1 1 1
Insured Tel No. : HP. Make / Model :  Excess Not II SS Is driver the owner? (YES / NO) Nature of Accident:  If NO. Driver Name / Age:  Driver Tel No. : (V/L: YES / NO)  INSURS. (V/L: YES / NO)  INSURS. (V/L: YES / NO)  Insured Liability: % Final Y Yes / NO  Insured Liability: % Final Yes / NO  Insured Liability: L	Insured Vehicle No	o. : St/ 170	10	Claim No.			hx.
Excess See IISS  Is driver the owner?  (YES / NO)  Nature of Accident:  OLGIA REPORT: YES / NO; TP GIA REPORT: YES / NO Driver Tel No.:  (VIL: YES / NO)  Insured Liability:  SNERS:  WSP: Tel: Liability: Liability: Liability: Liability: RMKS:  Date / Time  Pyp \$197 - NMW \$10 of a ray \$2. of the final \$2. of th	Name of Insured	:		Policy No.	:		
Excess See II :SS  Is driver the owner?  (YES / NO)  Nature of Accident:  OIGIA REPORT: YES /NO  Driver Tel No:  (VIL: YES / NO)  INSRS:  WSP: Tel:  Liability: Liability: Liability: RMKS:  Date/Time  Option Time  Option Time  Option Time  Option Time  Office Confirm with:  Office Confirm with:  Office Confirm with:  Office Confirm with:  One-Reporting In: (Ton):  Non-Reporting In	Insured Tel No.	. н	IP:	Make / Model			
Is driver the owner?  If No. Driver Name / Age: Driver 1 No  If No. Driver Name / Age: Driver 1 No  If No. Driver 1 No  INSRS: WSP. WSP. Insured Liability: Fig. 1  Insured Liability: Insured Lia			1.011	Place of Accider	nt:		
Direct Tal No.:    Colling REPORT: YES / NO.   TP GIA REPORT: YES / NO.   Insured Linkhility:   % Final ? Yes / No.							
Driver Tol No.:  (V/I.: YES / NO)  Insured Liability:   STAGE				OI GIA REPOR	T: YES / NO ; TP C	IA REPORT: YES	/ NO
DNSRS: WSP   Tel: Liability: Liability: Liability: Liability: Liability: RMKS: RMK			(V/L: YES / NO)				
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Date/Time	Liability:	, D D	R-S		K-b		
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Non-Reporting Itr (2nd):   Notification Itr (if non-pickup):   Call Of:   Documentation Check List: Handler		SDD 814212- NKIM	160101011 SI.	1104.41614			E / PIC
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Documentation Check List: Handler Typist   Notification Itr (if non-pickup)							
Notification Itr (if non-pickup)   After call lit to Oi:   Authorisation To Act:   Car Renal Revoice:   Authorisation To Act:   Authorisation To Act						ok Liet: Handler	Typict
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Final Repair Bill:						V	
					Release Voucher:	V.	
SETTLED AND CLOSED / FILE WITH ADRIAN   Towing Invoice					Final Repair Bill:		
**AIG INSTRUCTIONS TO REDUCE COR FROM \$8,000.00 TO \$7,000.00** PIR:  **AIG INSTRUCTIONS TO REDUCE COR FROM \$10.00 PIR:  **CONFITME PAYMENT PAYMENT PIR:  **CONFITME PAYMENT PAYMENT PAYMENT PAYMENT PAYMENT PAYMENT Date/Time: Confirm with: Email Call Parkent Payment Paym	i s				Car Rental Invoice:	$\checkmark$	
**AIG INSTRUCTIONS TO REDUCE COR FROM \$8,000.00 TO \$7,000.00**  \$8,000.00 TO \$7,000.00**    Mandate/Reject Instruction:	06/01/2021	SETTLED AND CL	OSED / FILE WIT	H ADRIAN	Towing Invoice		
Section   Sect	Î:				LTA / GIA :	V	
\$8,000.00 TO \$7,000.00**    PRELIMINARY ADVICE   Date/Time:   Sent By:   Post-Repair Photos:   Others:   O		**AIG INSTRUCTION	S TO REDUCE COR	FROM	Medical Bill:		
LOD							
Payment Breakdown Form:   Payment Breakdown Form:   PrestIMINARY ADVICE   Date/Time:   Sent By:   Post-Repair Photos:   Others:   Others:   Others:   Post-Repair Photos:   Others:   Post-Repair Photos:   Post-Repair Ph	*				Mandate/Reject Inst	ruction:	
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Others:		72 - 471			-		
Confirm by:	PRELIMINARY ADVICE	Date/Time;	Sent By;				
Repair Cost: L/S   S\$ 7,000.00   ( 7 days) Reduction: 70.85   Email   Call	EINALIZATION	Data/Pince	C				
FINAL SETTLEMENT				E 02		Email Call C	
Final Liability:						Eman Can C	
Repair Cost:   S\$ 7,000.00   Closs of Rental (LOR):   S\$ 800.00 ( 8 days)   X \$100.00   Ol changed lane						Lia:	
Loss of Rental (LOR): \$\$ 800.00 ( 8 days) X \$100.00 Ol changed lane  Loss of Use (LOU): \$\$ (\$ x days)  Loss of Income (LOI): \$\$ (\$ x days)  LOR only LOU only LOR + LOU LOR + LOI Tick only one  GIA/LTA Search \$\$ 36.45  Medical: \$\$ 1) Claim status: Normal/Reject/Private Settle  Disbursement: \$\$ (e.g. Tow/ Independent ) 2) Report Format: TP  Legal Cost \$\$ 7,836.45 Global Sum S\$: 7,800.00  FINAL PAYMENT Date/Time: Confirm with: Email Call  Payce 1: \$\$ 7,800.00 Name 1: CAS GARAGE PTE LTD  Payce 2: (Strike if N.A.) \$\$ Name 2:	Repair Cost:		DOLLA DIN NO.		11 11 01 15 20, F135.		
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LOR only   LOU only   LOR + LOU   LOR + LOI   [Tick only one]	Loss of Use (LOU):					,	
S\$ 36.45	Loss of Income (LOI):						
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Disbursement:   S\$   (e.g. Tow/ Independent )   2) Report Format:   TP	GIA/LTA Search				1) (1)	-1/D-1-+/D-1	Cattle
Legal Cost   S\$   3) Survey fee:   \$320.00	Medical:		/ m /* /	James V		mai/Reject/Private	Settle
Total:         S\$ 7,836.45         Global Sum S\$: 7,800.00           FINAL PAYMENT         Date/Time:         Confirm with:         Email         Call           Payce 1:         S\$ 7,800.00         Name 1:         CAS GARAGE PTE LTD           Payce 2: (Strike if N.A.)         S\$         Name 2:	Disbursement:		(e.g. Tow/ Independ	dent)		\$320.0	0
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Payce 1: S\$ <b>7,800.00</b> Name 1: <b>CAS GARAGE PTE LTD</b> Payce 2: (Strike if N.A.) S\$ Name 2:					Email Call		
Payee 2: (Strike if N.A.) S\$ Name 2:				RAGE PTE			
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Adrian		ASSIGNIMENT					
		Veh No: SDPS1927- Yr Regn: 2019 ,	Jan				
Front:	Date:	Type: M.Ca / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /					
stimated Cost:							
	RES / OD RES / EVA / INV / MV	Truck / Trailer or					
o Inspect Vehicle	e No:	Make: Hyudai Etastac 130. c.c 1353					
t Workshop m/s		Colour Bluck A/C: Insured / Std / NI / NA					
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sured:		Eng/No:					
olicy No.		C/No: TMAHSHI3VKJO14003					
laims No.		Gen. Cond. Good) Fair / Poor / Burnt					
um Insured:	Excess:	Steering: morden/ Jammed / Leaked / Burnt or					
(Client's Record	()	Brake: Morder / Jammed / Leaked / Burnt or					
lake of Veh:		Modi: Nil /S/Rim / STD A/Rim or	1.000				
	,	Tyre Size: F: 225/+5R17.					
(Po!'cy Conditio	n)	R: 325/45R17					
emark: The veh	had commenced its N/S O/	BS / DUN / EXNOVA / GY / FS / LIZA / (IIC) OHTSU / PIR / SUM	1/				
repair a	at the time of inspection.	TOYO / YOKO or					
al. or Market Va	lue:	Front Rear					
DAC Accident Rp	port: Consistent? : Yes or No	R/Bal. 06 mm R/Bal. 06	ń				
GIA / PR Seen:	Consistent? : Yes or No	L/Bal. 06 · mm L/Bal. 0.6	n				
st. Repairs:	days Res.: Yes or No	D.O.A. D.O.I. 20/06/19					
um Sum:	% 3 Val.: Yes or No	Survey held at CAS.	,				
A / REV /	REP. / 24 HRS	Des. of Damages : Frt / Rear 10/3 / N/S / U/3 / Rooftop or	-				
	Vehicle: IN / OL						
ate:	Person Contacted:	The U/C / Chassis frame / Body Structure affected due to c	collisio				
Date / Time	Action / Instruction						
	TPALG.						
	mv :						
	PV:						
	Vett:						
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ate/Time, File Pass	to? Date/Time, File Return to?	Part Prices Check: Survey Fee: Date:					
	2)	IN OUT Basic & Add.					
	4)	S+RS,SI					
reli. Report:	(6)	Photos					
CHILL LAGROUNG		Olhers					