A						
15/5/2010		1	in M	a B LKK:		
		CC 4/AIG1901	10001	IDAC:		
INS. CASE OWNER:		ASSIGN		10.0	. 1 . 0	
		DOI:		Date / Time :	6 4	
Surveyor:				Registered in Merimen:	nel	6/19
				Registered in Merinien.		
Pre-assign / CCU /		. A A V				
Insured Vehicle No	. :	700X	Claim No.	:		
Name of Insured	fulco Leasing	PIE IJD	Policy No.			
Name of Insured			Make / Model	. Francisco		
Insured Tel No.		HP: 13 6101.				
Excess Sec II :S\$	I	D.O.A: 17 6 [01.	Place of Accid	ent:		
Is driver the owner's	YES (NO)	Nature of Accident :		~		-
If NO. Driver Nam	ne / Age :		OI GIA REPO	RT: YES NO ; TP GIA RE	_	NO
Driver Tel I		(V/L YES / NO)	Insured Liabili	ty: % Final?	Yes / No	
(1BL 545	20					
CABC 262	<u>''y</u>					
INSRS:	INSRS:		INSRS:		NSRS:	
WSP: Che	WSP:		WSP:	41 /2	/SP: el :	
Tel:	Tel:	HH	Tel : Liability :		ei : iability :	
Liability:	Liability RMKS:	1/4 -1/1	RMKS:	1/4/1/7	MKS:	
RMKS:	RMKS.	-	RIVIEG			
Date/ Time	Market Control	0.12.1	0.0.10	lom Lon	DAT	TE / PIC
	ang4970- K	G101=520	V X X	STAGE Non-Reporting ltr (1st):	DAI	ETFIC
	Lancon Contractor			Non-Reporting ltr (2nd):		
	IABILITY UNCLEBEL.			Non-Reporting ltr (Final):		
91.7.19	EMAIL WAS TO REQUEST FOR EVIDENCE.			Notification ltr (if non-pickup):		
				Call OI:		
17-13-19 TO DID NOT SENT IN THE VEH FOR REPAIR / SURVEY.				After call ltr to OI: Documentation Check List: Handler Typist		
			0.00.0	Notification ltr (if non-pickup)		13100
P.CI.TI	EMAIL AIG TO CANCLE	CASE DUE TO NO	SURVEY DONE.	After call ltr to OI:		
1				Authorisation To Act:		
V				Release Voucher:		
6				Final Repair Bill:		
All and the second				Car Rental Invoice:		
				Towing Invoice		
				LTA / GIA :		
				Medical Bill:		
				PIR:		
				Mandate/Reject Instruction	0.	
	The same and the same and			The state of the s		
				LOD Payment Breakdown Form	1'	
		0 D				
RELIMINARY ADVICE	Date/Time:	Sent By:		Post-Repair Photos: Others:		1
VI TOTAL CONTRACTOR	-	Confirm with		Confirm by:		
FINALIZATION	Date/Time:	Confirm with:	%	Email	Call	
Repair Cost:	S\$ (days) Reduction: Confirm with	70	Email Cal		
FINAL SETTLEMENT	Date/Time:	Assessed) BOLA S/N No. :	MIL	If NO or B 28, Ass. Lia:		
Final Liability:	% 50 (Agreed / S\$		NELICTING YERSO			
Repair Cost: Loss of Rental (LOR):	S\$ (days)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
Loss of Use (LOU):	S\$ (\$ x					
Loss of Income (LOI):	SS (S x					
LOR only LOU only		LOR + LO [Tick only	one]			
GIA/LTA Search	S\$					0 1
Medical:	S\$			1) Claim status: Normal/R	eject/Privat	e Settle
Disbursement:	S\$	(e.g. Tow/ Independ	ient)	2) Report Format:		
Legal Cost	S\$	Global Sum S\$:		3) Survey fee:		

Email Cal

Confirm with:

Name 1:

Name 2:

Name 3:

S\$ S\$

FINAL PAYMENT

Payee 2: (Strike if N.A.)

Payee 3: (Strike if N.A.)

Payee 1:

Date/Time: