INS. CASE OWNER	FOO CHIT YEAR	CC 4/AIG1901	5286, A	1109	KK: DAC:
INS. CASE OWNER	1 6		MENT		1.
Surveyor:	DOI: ASSIGNMENT DOI:			Date / Time :	8/8/9
Pre-assign / CCU	/ ETE			Registered in Merime	
Insured Vehicle No	(17166	8 m.	Claim No.	878162	V88754
***	Dagon Van A Mack				
Name of Insured	Name of insured			•	
Insured Tel No.	ĭ	HP:	Make / Model	•	
Excess Sec II :SS		D.O.A: (4) 8 (4)	Place of Accid	ent :	
Is driver the owner	? (YES)/ NO)	Nature of Accident :			
If NO. Driver Na	nito, bitter timber rige.				IA REPORT: YES NO
Driver Tel	No. :	(V/L YES NO)	Insured Liabili	ty: % Fi	inal? Yes/No
sup 65717			*		
Liability:	INSR: WSP: Tel: Liabili	ity:	INSRS: WSP: Tel: Liability: RMKS:		INSRS: WSP: Tel: Liability: RMKS:
RMKS:	RMK	5:	KWKS.		KWK5.
Date/ Time	CIPITA - V	9 CE (668m		STAGE	DATE/PIC
	2000011 - V	400100310		Non-Reporting ltr (1st):	
	0 01 611			Non-Reporting ltr (2nd)	
	11/09 OJ GIA Report In.			Non-Reporting ltr (Final): Notification ltr (if non-pickup):	
11/09				Call OI:	
After call				After call ltr to OI:	18/09/19-110
18/09/19 - HIR KACIEMAD, OI KADORIAD BOTH			Documentation Check		
CHARGED CHOR. IS DEPOPULAD, HE WAS				Notification ltr (if non-p	oickup)
	WHAIN UNDER SEND LETTER TO OI TO NOTIFY TO CLANIN IN NCD KOURD.			After call ltr to OI: Authorisation To Act:	
				Release Voucher:	
				Final Repair Bill:	
				Car Rental Invoice:	
				Towing Invoice	
				LTA / GIA :	
27/01/2021	27/01/2021 SUBMIT WP REPORT TO AIG			Medical Bill:	
				PIR:	
				Mandate/Reject Instru	uction:
				LOD Payment Breakdown	Form:
PRELIMINARY ADVICE	Date/Time:	Sent By:		Post-Repair Photos:	
I RELIMINARY ADVICE	2 Date Time.	2427.		Others:	
FINALIZATION	Date/Time:	Confirm with:		Confirm by:	
Repair Cost: 43	SS 550.00 (3 days) Reduction: 84.4	L %	Е	mail Call
FINAL SETTLEMENT	Date/Time:	Confirm with	aV.	Email Call_	
Final Liability:		/ Assessed) BOLA S/N No. :	NIL	If NO or B 28, Ass. I	Lia:
Repair Cost:	S\$	1			
Loss of Rental (LOR): Loss of Use (LOU):	S\$ (S\$ (\$	days) x days)			
Loss of Use (LOU): Loss of Income (LOI):		x days)			
LOR only LOU onl		LOR + LO [Tick only o	one]		
GIA/LTA Search	S\$				
Medical:	S\$				mal/Reject/Private Settle W
Disbursement:	S\$	(e.g. Tow/ Independe	nt)	2) Report Format:	\$ 250.00
Legal Cost	S\$	Global Sum S\$:		3) Survey fee:	7 20.00
Total: FINAL PAYMENT	S\$ Date/Time:	Confirm with:		Email Cal	
		Name 1:		Zinan Cail	
Payee 1:	S\$	Name 1: Name 2:			
Payee 2: (Strike if N.A.) Payee 3: (Strike if N.A.)	SS SS	Name 2: Name 3:			
ayee 3. (Strike if IV.A.)	30				