15/5/2010	cc (/AIG1801	WM Frs3 LKK: IDAC:
INS. CASE OWNER		
Surveyor:	Fenneth DOI: ASSIGN	Pate/Time:
Dec assign / CCI	LETE	Registered in Merimen: 1108
Pre-assign / CCU	8BD 68P8D	
Insured Vehicle N	0. :	Claim No. :
Name of Insured		Policy No. :
Insured Tel No.	HP:	Make / Model :
Excess Sec II :S\$	2/16/18	Place of Accident :
Is driver the owne		Flace of Accidents.
		OLGIA DEDORT, VES / NO . TR GIA DEDORT, VES / NO
If <b>NO</b> , Driver Na Driver Tel	No.: (V/L: YES / NO )	OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO Insured Liability: % Final ? Yes / No
GER 510	1 <u>7M</u>	
INSRS: WSP: Tel: Liability: RMKS:	INSRS: WSP: Tel: Liability: RMKS:	INSRS: WSP: Tel: Liability: Liability: RMKS:  INSRS: WSP: Tel: Liability: RMKS:
Date/ Time		
	SER 410711 4 CARD 6864	
		Non-Reporting ltr (1st): Non-Reporting ltr (2nd):
		Non-Reporting ltr (Final):
11/12/2020	PLEASE REFER TO VIEWS FOR DE	
		Call OI:  After call ltr to OI:
	*SUBMIT WP REPORT TO AIG AS PER INST	RUCTION 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:
PRELIMINARY ADVICE	Date/Time: Sent By:	Post-Repair Photos:
		Others:
FINALIZATION	Date/Time: Confirm with:	Confirm by:
Repair Cost: P/P	S\$ 3,705.60 ( 3 days) Reduction: 47	
FINAL SETTLEMENT	Date/Time: Confirm with	Email Cal
Final Liability: Repair Cost:	% (Agreed / Assessed) BOLA S/N No. : S\$	If NO or B 28, Ass. Lia:
Loss of Rental (LOR):	S\$ ( days)	
Loss of Use (LOU):	S\$ (\$ x days)	
Loss of Income (LOI):	S\$ (S x days)	
LOR only LOU only		one]
GIA/LTA Search	S\$	1001
Medical:	S\$	1) Claim status: Hamad Rejor Prime South WF (2) Report Format: TP
Disbursement: Legal Cost	S\$ (e.g. Tow/ Independe	3) Survey fee: 290.00
Total:	S\$ Global Sum S\$:	200.00
FINAL PAYMENT	Date/Time: Confirm with:	Email Cal
Payee 1:	S\$ Name 1:	
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