	CC4/AIG19020300	D/T_1bb3	
15/5/2010	- 4		
INS. CASE OWNER:	GC VAIG190V	IDAC:	_
Surveyor:	Tanfika. ASSIGNMENT DOI: 15/11/C	Date/Time: USUUG.	
Pre-assign / CCU / F		Registered in Merimen: 15[w] W.	
Insured Vehicle No.	:SDW 3039B.	577 5767 2 26 5 No. 5	
Name of Insured	: LEEW KIN Q LIEW NG KING Policy		
Insured Tel No.	: HP: Make	/ Model :	
Excess Sec II :S\$	F11/16	of Accident:	_
Is driver the owner?	(YES / NO) Nature of Accident :		
If NO, Driver Name	/ Age : OI GI	A REPORT: YES NO ; TP GIA REPORT YES NO	
Driver Tel N	ha in	d Liability: % Final? Yes/No	
CB 31114			
INSRS: WSP: FOR VITE Liability: RMKS:	Tel: Tel Liability:	1\/1	
Date/ Time	(h 272) 21 2	X STAGE DATE/PIC	_
	CB nily t Gow ADAD 0-	STAGE DATE/PIC Non-Reporting ltr (1st):	
000/1/10	OIM	Non-Reporting ltr (2nd):	
20/4/19-		Non-Reporting ltr (Final): Notification ltr (if non-pickup):	
26/k/19	OI GIA Report in.	Call OI:	
Elloilzozo.	PILE REVIEWED. OI NOT KWALE OF	After call ltr to OI: Documentation Check List: Handler Typist	\dashv
_ 211011200 .	ACCIDENT.	Notification ltr (if non-pickup)	
	- BULLIC TO TP TO REQUEST HOR		
	anidanca.	Authorisation To Act:	4-1
	THE LIDES FACETREE IN A LIC CE BILL	Release Voucher: Final Repair Bill:	+
	CANNAGE IN MOLIMON	Car Rental Invoice:	Ħ
		Towing Invoice	
		LTA / GIA :	
	SUBMIT WP REPORT TO AIG,	Medical Bill:	4-1
24/03/2021	NO DEVELOPMENT FROM TP	PIR: Mandate/Reject Instruction:	\dashv
		LOD	\forall
		Payment Breakdown Form:	
PRELIMINARY ADVICE	Date/Time: Sent By:	Post-Repair Photos:	_
DYNIA Y ZZ A ZYONI	Date/Time: Confirm with:	Others: Confirm by:	
FINALIZATION Repair Cost: \(\s\ \)	Date/Time: Confirm with: \$\$ 2,600,00 (3 days)Reduction: 67.86 %	Email Call	
FINAL SETTLEMENT	Date/Time: Confirm with	Email Cal	
Final Liability:	% (Agreed / Assessed) BOLA S/N No. :	If NO or B 28, Ass. Lia:	
Repair Cost:	SS		
Loss of Rental (LOR):	S\$ (days)		
Loss of Use (LOU):	S\$ (\$ x days)		
Loss of Income (LOI):	S\$ (\$ x days)		
LOR only LOU only	The state of the s		
GIA/LTA Search	S\$	1) Claim status: N	WP
Medical:	S\$	Claim status: Normal Reject Trivate Sould Report Format:	VVP
Disbursement:	(e.g. Tow/ Independent)	3) Survey fee: \$250.00	
Legal Cost	S\$ Clabal Sum \$\$:	(3) Survey Icc. \$\text{\$\pi_200.00}\$	
Total:	S\$ Global Sum S\$:	Email Cal	
FINAL PAYMENT	Date/Time: Confirm with:	EmanCan	
Payee 1:	S\$ Name 1:		-
Payee 2: (Strike if N.A.)	S\$ Name 2:		-
Payee 3: (Strike if N.A.)	S\$ Name 3:		