

INS. CASE OWNER:

CC 4 / AIG 2000 4995 / T1ps3

LKK:

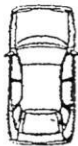
IDAC:

ASSIGNMENTSurveyor: TAUFIKH

DOI: _____

Date / Time : 06/04/2020Registered in Merimen: 07/04/2020

Pre-assign / CCU / FTE

Insured Vehicle No. : SKV 2211Z

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$S _____ D.O.A : 05/04/2020

Place of Accident : _____

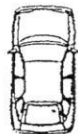
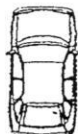
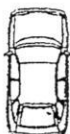
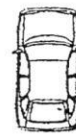
Is driver the owner? (YES / NO) Nature of Accident : _____

If NO, Driver Name / Age : _____

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : _____ (V/L: YES / NO)

Insured Liability : % Final ? Yes / No

GBE 2560LINSRS:
WSP: EM-1
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time

GBE 2560L : X ; SKV 2211Z : X

STAGE

DATE / PIC

29/06/2020

Pls refer to VIEWS for details.

Non-Reporting ltr (1st):

Non-Reporting ltr (2nd):

Non-Reporting ltr (Final):

Notification ltr (if non-pickup):

Call OI:

After call ltr to OI:

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: L/sum \$S 6,500.00 (7 days) Reduction: 38 %Email ☐ Call ☐FINAL SETTLEMENT Date/Time: 29/06/2020 Confirm with KarenEmail ☒ Call ☐Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 27

If NO or B 28, Ass. Lia :

Repair Cost: w/GST \$S 6,955.00Loss of Rental (LOR): \$S (days)Loss of Use (LOU): \$S 560.00 (\$ 80 x 7 days)Loss of Income (LOI): \$S (\$ x days)LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]GIA/LTA Search \$S 36.45

Medical: \$S

Disbursement: \$S (e.g. Tow/ Independent)

Legal Cost \$S

Total: \$S 7,551.45Global Sum \$S: 7,400.00 (as per AIG mandate)

FINAL PAYMENT Date/Time:

Confirm with:

Email ☒ Call ☐Payee 1: \$S 7,400.00Name 1: EM-1 AUTO PTE LTD

Payee 2: (Strike if N.A.) \$S

Name 2:

Payee 3: (Strike if N.A.) \$S

Name 3:

1) Claim status: Normal/Reject/Private Settle

2) Report Format: TP3) Survey fee: \$320.00