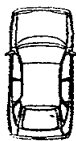
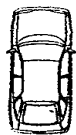
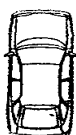


INS. CASE OWNER: **BERNARD LER**~~CC6/AIG20005105/Uga3~~

IDAC:

**ASSIGNMENT****CC6/TP20005105/Uga3**Surveyor: **MARCUS**DOI: **09/04/2020**Date / Time : **09/04/2020**Registered in Merimen: **09/04/2020****Pre-assign / CCU / FTE**Insured Vehicle No. : **SFZ 3313U**Claim No. : **6661888200SG**Name of Insured : **MOSCAN BUILDING MATERIALS SUPPLIER PTE LTD**Policy No. : **1800054060**

Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_

Make / Model : **MAZDA 3****Excess Sec II :S\$** \_\_\_\_\_ D.O.A : **05/04/2020**Place of Accident : **LORONG 15 GEYLANG**Is driver the owner? ( YES / **NO** ) Nature of Accident : \_\_\_\_\_If **NO**, Driver Name / Age : **TAY CHAO WEN AARON**OI GIA REPORT: **YES** / NO ; TP GIA REPORT: **YES** / NODriver Tel No. : **+65-96474173** (V/L: **YES** / NO )Insured Liability : % **Final ? Yes / No****GBF 238B**INSRS:  
WSP:  
Tel : **LIU'S BROTHER**  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time	GBF 238B - X	SFZ 3313U - X	STAGE	DATE / PIC
			Non-Reporting ltr (1st):	
			Non-Reporting ltr (2nd):	
			Non-Reporting ltr (Final):	
			Notification ltr (if non-pickup):	
			Call OI:	
			After call ltr to OI:	
			<b>Documentation Check List:</b>	<b>Handler</b> <b>Typist</b>
			Notification ltr (if non-pickup)	<input type="checkbox"/>
			After call ltr to OI:	<input type="checkbox"/>
			Authorisation To Act:	<input type="checkbox"/>
			Release Voucher:	<input type="checkbox"/>
			Final Repair Bill:	<input type="checkbox"/>
			Car Rental Invoice:	<input type="checkbox"/>
			Towing Invoice	<input type="checkbox"/>
			LTA / GIA :	<input type="checkbox"/>
			Medical Bill:	<input type="checkbox"/>
			PIR:	<input type="checkbox"/>
			Mandate/Reject Instruction:	<input type="checkbox"/>
			LOD	<input type="checkbox"/>
			Payment Breakdown Form:	<input type="checkbox"/>
			Post-Repair Photos:	<input type="checkbox"/>
			Others:	<input type="checkbox"/>
<b>PRELIMINARY ADVICE</b>	Date/Time:	Sent By:		
<b>FINALIZATION</b>	Date/Time:	Confirm with:	Confirm by:	
Repair Cost: <b>L/S</b>	S\$ <b>4200.00</b>	( <b>4</b> days) Reduction: <b>5231.30</b>	% <b>55</b>	Email <input type="checkbox"/> Call <input type="checkbox"/>
<b>FINAL SETTLEMENT</b>	Date/Time:	Confirm with:	Email <input type="checkbox"/> Call <input type="checkbox"/>	
Final Liability:	% <b>0</b>	(Agreed / Assessed) BOLA S/N No. : <b>NIL</b>	If NO or B 28, Ass. Lia :	
Repair Cost:	S\$			
Loss of Rental (LOR):	S\$	( days)		
Loss of Use (LOU):	S\$	(\$ x days)		
Loss of Income (LOI):	S\$	(\$ x days)		
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]				
GIA/LTA Search	S\$			
Medical:	S\$			
Disbursement:	S\$	(e.g. Tow/ Independent )		
Legal Cost	S\$			
<b>Total:</b>	<b>S\$</b>	<b>Global Sum S\$:</b>		<b>\$11 + 11.77</b>
<b>FINAL PAYMENT</b>	Date/Time:	Confirm with:	Email <input type="checkbox"/> Call <input type="checkbox"/>	
Payee 1:	S\$	Name 1:		
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		

05/03/2021 NO MANDATE APPROVAL GIVEN FROM AIG, HOWEVER, AIG INFORM THAT NO DRIVERS ARE IN BOTH OI AND TP VEHICLE. INFORM TP TO DIRECT CLAIM 3RD VEHICLE. SUBMIT WP.

1) Claim status: Normal/Reject/Private Settle

2) Report Format: **INDEPENDENT REPORT**3) Survey fee: **\$458.00 + MERIMEN FEE**