15/5/2010

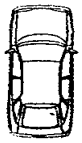
INS. CASE OWNER: JEREMY GOH | CC4/AIG20006231/T1ka3 | LKK: IDAC:

ASSIGNMENT

Surveyor: TAUFIKH DOI: 05/06/2020 Date / Time : 05/06/2020

Registered in Merimen: 05/06/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SLV1019H Claim No. : 0589665270SG

Name of Insured : SEAH CHEE GUAN Policy No. : 1700090785

Insured Tel No. : HP: +65-84814218 Make / Model : TOYOTA HARRIER ELEGANCE 2.0 CVT

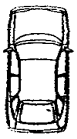
Excess Sec II :S$ D.O.A : 03/06/2020 11:25 Place of Accident : BUKIT BATOK EAST AVE 3 BLK 277 CAR PARK

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

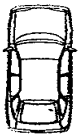
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

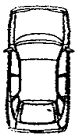
SLJ2595S → → →



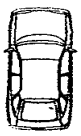
INSRS:
WSP: ADVANT AUTO GARAGE
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SLV 1019H SLJ 2595S CS/AIG20006154/T1vf3 XX ; 03.06.2020 - NA/FWD20004003/Y ; 13.03.2020	**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:
		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/S	S$ 4,000 (5 days)	Reduction: 3,269.60/45%	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time:	Confirm with	Email ☐ Call ☐
Final Liability:	% (Agreed / Assessed)	BOLA S/ :	If NO or B 28, Ass. Lia :
Repair Cost:	S$		AIG INSTRUCTED TO SUBMIT WP
Loss of Rental (LOR):	S$ days)		TP CLAIMING VIA LAWYER
Loss of Use (LOU):	S$ ($ days)		
Loss of Income (LOI):	S$ ($ d		
LOR only ☐ LOU only ☐	LOR + LOU ☐ L	[**Tick only one**]	
GIA/LTA Search	S$		
Medical:	S$		1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$	ow/ Independent)	2) Report Format: WP
Legal Cost	S$		3) Survey fee: $250
Total:	**S$**	**Global Sum S$:**	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$	Name 1:	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	