15/5/2010

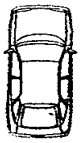
INS. CASE OWNER: Bernard Ler | CC4/AIG20006923/Kka3 | LKK: IDAC:

ASSIGNMENT

Surveyor: KENNETH DOI: 07.07.2020 Date / Time : 02.07.2020

Registered in Merimen: 02.07.2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SLV 9912B Claim No. : 1383940754SG

Name of Insured : GERADE GOMEZ Policy No. :

Insured Tel No. : HP: Make / Model :

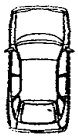
Excess Sec II :S$ D.O.A : 06.06.2020 09:50 Place of Accident : BISHAN JUNCTION 8 CARPARK

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

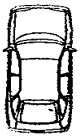
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

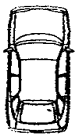
SJN 6555J → → →



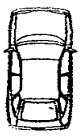
INSRS:
WSP: POON SIANG SEOW
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SJN 6555J - X SLV 9912B - 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:
		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$ 1,100.00 (3 days)	Reduction: 2,986.70/73 %	Email Call
FINAL SETTLEMENT	Date/Time:	Confirm with	Email Call
Final Liability:	% (Agreed / Assessed)	BOLA No. :	If NO or B 28, Ass. Lia :
Repair Cost:	S$		
Loss of Rental (LOR):	S$ (days)		TP CLAIM VIA LAWYER. INFORMED AIG THAT WE WILL SUBMIT WP
Loss of Use (LOU):	S$ ($ x d		
Loss of Income (LOI):	S$ ($ x		
LOR only LOU only	LOR + LOU I	[**Tick only one**]	
GIA/LTA Search	S$		
Medical:	S$		1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$	(e.g. Independent)	2) Report Format: WP
Legal Cost	S$		3) Survey fee: ~~$250~~ $290.00
Total:	**S$**	**Global Sum S$:**	CHT
FINAL PAYMENT	Date/Time:	Confirm with:	Email Call
Payee 1:	S$	Name 1:	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	