Surveyor:

CC6/AIG20007605/Ura3

LKK: IDAC:

INS. CASE OWNER:

MARCUS

ASSIGNMENT

DOI: 23/07/2020

Date / Time:

Registered in Merimen:

23/07/2020 Terimen: 23/07/2020

Pre-assign / CCU / FTE

6	-	-	-
Î	1	-	1
Ì	1		t
R	-	-	v

Insured Tel No. : HP:

Excess Sec II :S\$ D.O.A : 21/07/2020 17:00

Place of Accident : ALONG CIRCUIT RD FOOD CENTRE

If **NO**, Driver Name / Age : Driver Tel No. :

(V/L: YES / NO)

Nature of Accident :

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

Insured Liability: % Final? Yes / No

SJP 6478M

Is driver the owner?



INSRS: WSP: FASTECH

Tel: Liability: RMKS:



(YES / NO)

INSRS: WSP: Tel: Liability: RMKS:



INSRS: WSP: Tel: Liability: RMKS:

Make / Model :



INSRS: WSP: Tel: Liability: RMKS:

COMMON OF STREET		D. M. C. C.
	SLC7307L NA/EQI20007550/h4; 21.7.2020	STAGE DATE / PIC
	SJP6478M NA/EQI20007550/H4, 21.7.2020	Non-Reporting ltr (1st):
		Non-Reporting ltr (2nd): Non-Reporting ltr (Final):
00/0/0004	DI FACE DEFED TO VIEWS EOD DETAILS	Notification ltr (if non-pickup):
29/3/2021	PLEASE REFER TO VIEWS FOR DETAILS *REJECT CASE AS PER AIG INSTRUCTION	Call OI:
	*REJECT CASE AS PER AIG INSTRUCTION	After call ltr to OI:
15/04/2	TO CLOSE SUBMIT W/P REPORT.	Documentation Check List: Handler Typist
(3/04)	4 10 case, saomi 1 011 119 011	Notification ltr (if non-pickup)
·		After call ltr to OI:
		Authorisation To Act:
		Release Voucher:
	Reject Case	Final Repair Bill:
	\ / \ \	Car Rental Invoice:
		Towing Invoice
	Application of the state of the	
	Date : 16/04/21	LTA / GIA :
		Medical Bill:
		PIR:
		Mandate/Reject Instruction:
		LOD
		Payment Breakdown Form:
PRELIMINARY ADVIC	CE Date/Time: Sent By:	Post-Repair Photos:
		Others:
FINALIZATION	Date/Time: Confirm with:	Confirm by:
Repair Cost: L/SUN	M S\$4,000.00 (4 days) Reduction: 68 %	Email Call
FINAL SETTLEMENT	Date/Time: Confirm with	Email Call
FINAL SETTLEMENT		Ellian
	% (Agreed / Assessed) BOLA S/N No. :	If NO or B 28, Ass. Lia :
Final Liability:		
Final Liability: Repair Cost:	% (Agreed / Assessed) BOLA S/N No. :	
Final Liability: Repair Cost: Loss of Rental (LOR):	% (Agreed / Assessed) BOLA S/N No. : S\$	
Final Liability: Repair Cost: Loss of Rental (LOR): Loss of Use (LOU):	% (Agreed / Assessed) BOLA S/N No. : S\$ (days)	
Final Liability: Repair Cost: Loss of Rental (LOR): Loss of Use (LOU): Loss of Income (LOI):	% (Agreed / Assessed) BOLA S/N No.: S\$ \$\$ \$\$ (days) \$\$ \$\$ \$\$ (\$ x days) \$\$ \$\$\$ \$\$\$ (\$ x days) \$\$	
Final Liability: Repair Cost: Loss of Rental (LOR): Loss of Use (LOU): Loss of Income (LOI): LOR only LOU or	% (Agreed / Assessed) BOLA S/N No.: S\$ \$\$ \$\$ (days) \$\$ \$\$ \$\$ (\$ x days) \$\$ \$\$\$ \$\$\$ (\$ x days) \$\$	If NO or B 28, Ass. Lia:
Final Liability: Repair Cost: Loss of Rental (LOR): Loss of Use (LOU): Loss of Income (LOI): LOR only LOU or GIA/LTA Search	%	If NO or B 28, Ass. Lia: 1) Claim status: Normal/Reject/Private Settle
Final Liability: Repair Cost: Loss of Rental (LOR): Loss of Use (LOU): Loss of Income (LOI): LOR only LOU or GIA/LTA Search Medical:	%	1) Claim status: Normal/Reject/Private Settle 2) Report Format: TP
Final Liability: Repair Cost: Loss of Rental (LOR): Loss of Use (LOU): Loss of Income (LOI): LOR only LOU or GIA/LTA Search Medical: Disbursement:	%	If NO or B 28, Ass. Lia: 1) Claim status: Normal/Reject/Private Settle
Final Liability: Repair Cost: Loss of Rental (LOR): Loss of Use (LOU): Loss of Income (LOI):	%	1) Claim status: Normal/Reject/Private Settle 2) Report Format: TP 3) Survey fee: 250.00
Final Liability: Repair Cost: Loss of Rental (LOR): Loss of Use (LOU): Loss of Income (LOI): LOR only LOU or GIA/LTA Search Medical: Disbursement: Legal Cost	%	1) Claim status: Normal/Reject/Private Settle 2) Report Format: TP
Final Liability: Repair Cost: Loss of Rental (LOR): Loss of Use (LOU): Loss of Income (LOI): LOR only LOU or GIA/LTA Search Medical: Disbursement: Legal Cost Total:	%	1) Claim status: Normal/Reject/Private Settle 2) Report Format: TP 3) Survey fee: 250.00
Final Liability: Repair Cost: Loss of Rental (LOR): Loss of Use (LOU): Loss of Income (LOI): LOR only LOU or GIA/LTA Search Medical: Disbursement: Legal Cost Total: FINAL PAYMENT	%	1) Claim status: Normal/Reject/Private Settle 2) Report Format: TP 3) Survey fee: 250.00