15/5/2010

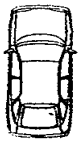
INS. CASE OWNER: JEREMY GOH | CC4/AIG20011762/Kra3 | LKK: IDAC:

ASSIGNMENT

Surveyor: KENNETH DOI: 29/10/2020 Date / Time : 28/10/2020

Registered in Merimen: 28/10/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SLA 6669J Claim No. : 6918056878SG

Name of Insured : TEO LIAN BENG Policy No. : 2070112668

Insured Tel No. : HP: Make / Model : AUDI Q3 SPORTSBACK 1.4 TFS

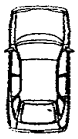
Excess Sec II :S$ D.O.A : 25/10/2020 11:05 Place of Accident : ALONG SERANGOON GARDEN NEAR YIO CHU KANG

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

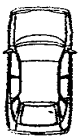
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

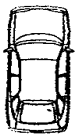
SLH 5515P → → →



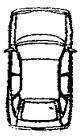
INSRS:
WSP: CHEW GOON
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SLA 6669J - NA/AIG17016131/r3 ; 20.08.2017	**STAGE** **DATE / PIC**
	SLH 5515P - X	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$ 5,000.00 (6 days) Reduction: 49 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 30/4/2021 Confirm with JUNE		Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27		If NO or B 28, Ass. Lia :
Repair Cost: w/gst	S$ 5,350.00		
Loss of Rental (LOR): w/gst	S$ 1,027.20 (8 days) x $120.00		
Loss of Use (LOU):	S$ ($ x days)		
Loss of Income (LOI):	S$ ($ x days)		
LOR only ☑ LOU only ☐	LOR + LOU ☐ LOR + LOI ☐ [**Tick only one**]		
GIA/LTA Search	S$ 2.00		
Medical:	S$		1) Claim status: Normal/~~Reject/Private Settle~~
Disbursement:	S$ (e.g. Tow/ Independent)		2) Report Format: TP
Legal Cost	S$		3) Survey fee: 320.00
Total:	**S$** 6,379.20	**Global Sum S$:** 6,400.00 (APPROVEED BY AIG)	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$ 6,400.00	Name 1:	Chew Goon Motor
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	