15/5/2010

INS. CASE OWNER: CC4/AIG21006643/Kpa3

LKK:

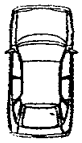
IDAC:

ASSIGNMENT

Surveyor: KENNETH DOI: 11/06/2021 Date / Time : 11/06/2021

Registered in Merimen: 11/06/2021

Pre-assign / CCU / FTE



Insured Vehicle No. : GBC 2246E Claim No. :

Name of Insured : King Juice (2002) Pte Ltd Policy No. : 2070123633

Insured Tel No. : HP: Make / Model : Mitsubishi Fb70bb1srdea

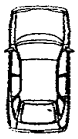
Excess Sec II :S$ D.O.A : 08/06/2021 14:45 Place of Accident : Upper Serangoon Rd, Singapore

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

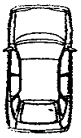
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

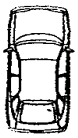
GBF 9435P →



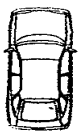
INSRS:
WSP: Yee Auto Pte Ltd
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	GBF 9435P - X	**STAGE** **DATE / PIC**
	GBC 2246E - CS/MSG16024914/Ktbm2 ; 27.12.2016	Non-Reporting ltr (1st):
		Non-Reporting ltr (2nd):
		Non-Reporting ltr (Final):
		Notification ltr (if non-pickup):
	*No Response from TP.	Call OI:
	*Submit WP Report to AIG.	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**~~ Submit	Date/Time: Confirm with:	Confirm by:
Repair Cost: L/sum	S$ 14,150.00 (20 days) Reduction: 73	%-Excluded check items $16,073.80 Email Call
FINAL SETTLEMENT	Date/Time: Confirm with	Email Call
Final Liability:	% (Agreed / Assessed) BOLA S/N No. :	If NO or B 28, Ass. Lia :
Repair Cost:	S$	
Loss of Rental (LOR):	S$ (days)	
Loss of Use (LOU):	S$ ($ x days)	
Loss of Income (LOI):	S$ ($ x days)	
LOR only LOU only LOR + LOU LOR + LOI [**Tick only one**]		
GIA/LTA Search	S$	
Medical:	S$	1) Claim status: ~~Normal/Reject/Private Settle~~ /WP
Disbursement:	S$ (e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost	S$	3) Survey fee: $290.00
Total:	**S$** **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:	