15/5/2010

INS. CASE OWNER: CC4/AIG21007636/Kps3

LKK:

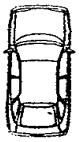
IDAC:

ASSIGNMENT

Surveyor: Kenneth DOI: 14/07/2021 Date / Time : 14/07/2021

Registered in Merimen: 14/07/2021

Pre-assign / CCU / FTE



Insured Vehicle No. : SMX 2469M Claim No. :

Name of Insured : YAN FENG Policy No. :

Insured Tel No. : HP: Make / Model :

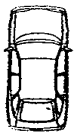
Excess Sec II :S$ D.O.A :10/07/2021 Place of Accident :

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

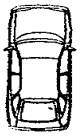
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

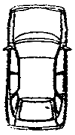
SLC 4786G → → →



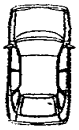
INSRS:
WSP: CHEW GOON
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SLC 4786G : CS/FCI18018378/Aqd3n2 ; DOA : 26/09/2018 SMX 2469M : 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:
	*NO DEVELOPMENT AIG INSTRUCTION TO SUBMIT WP	**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$ 6,100.00 (8 days)	Reduction: 71 % Excluded check items $5,314.20	Email Call
FINAL SETTLEMENT	Date/Time:	Confirm with	Email Cal

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 + LO		[**Tick only one**]	
GIA/LTA Search	S$		
Medical:	S$		1) Claim status: No~~rmal/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 Cal
Payee 1:	S$	Name 1:		
Payee 2: (Strike if N.A.)	S$	Name 2:		
Payee 3: (Strike if N.A.)	S$	Name 3:		