15/5/2010

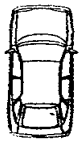
INS. CASE OWNER: RACHEL WU | CC4/FCI21010057/Ara3 | LKK: IDAC:

ASSIGNMENT

Surveyor: ADRIAN DOI: 29/09/2021 Date / Time : 28/09/2021

Registered in Merimen: ——

Pre-assign / CCU / FTE



Insured Vehicle No. : GBG 538E Claim No. : D21002707MFCV

Name of Insured : Policy No. : D-21097582MFCV

Insured Tel No. : HP: Make / Model :

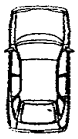
Excess Sec II :S$ D.O.A : 27-09-2021 Place of Accident :

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

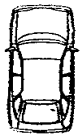
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

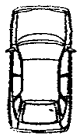
SLV 8931C → → →



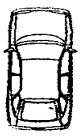
INSRS:
WSP: RYDER AUTO
Tel : PTE LTD
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SLV 8931C - NA/INC19020277/z4 ; 15.11.2019	**STAGE** **DATE / PIC**
	GBG 538E - CC6/AIG18011786/Upb3q2 ; 22.06.2018	Non-Reporting ltr (1st):
		Non-Reporting ltr (2nd):
		Non-Reporting ltr (Final):
		Notification ltr (if non-pickup):
		Call OI:
21/12/2021	PLEASE REFER TO VIEW FOR MORE DETAILS	After call ltr to OI:
	*SUBMIT WP AS FCI AIG INSTRUCTIONS	**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 (4 days) Reduction: 57 %		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: 310.00
Total:	**S$**	**Global Sum S$:**	$170.00 + $60.00 + 30.00 + $50.00

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:	