INS. CASE OWNER:

CC4/AIG21010206/Kea3

LKK: IDAC:

ASSI	MIN	A BE	177
A.3.31	1 2 3	VIII	4 1

		ASSIGNME				
Surveyor:	KENNETH	DOI: <u>04/10/2021</u>		Date / Time: 04/10/2	021	
•				Registered in Merimen:	04/10/2021	
Pre-assign / CCU	/ FTE			-		
Y 171111 X	SFE 8803A		CL: N			
Insured Vehicle No). : OI L 0003/1	The state of the s	Claim No.			
Name of Insured	•		Policy No.		Marine Control	
Insured Tel No.	:HP:	f	Make / Model	:		
Excess Sec II :S\$	D.C	D.A: 30.09.2021 08:55	Place of Accide	ent:		
Is driver the owner						
If NO. Driver Nan	me / Age:		OLGIA REPOI	RT: YES / NO : TP GIA REF	PORT: YES / NO	
If NO, Driver Name / Age : Driver Tel No. : (V/L: YES)		(V/L: YES / NO)	Insured Liability: % Final? Yes/No			
				<u> </u>		
GBC 4378U			erate on Material and an artist continues			
INSRS:	INSRS:		INSRS:	INS	SRS:	
WSP. KUM C	WSP. KUM CHEW WSP.		WSP: WSP:			
Tel: MOTOF	Tel:		Tel: Tel:			
Liability WORKS	SHOP Liability:		Liability:	Lia	bility:	
RMKS:	RMKS:		RMKS:	RM	IKS:	
Date/ Time						
	GBC 4378U - X	SFE 8803A - X		STAGE	DATE / PIC	
				Non-Reporting ltr (1st):		
				Non-Reporting ltr (2nd): Non-Reporting ltr (Final):		
	***AIG APPROVED	TO REJECT TP CL	AIM	Notification ltr (if non-pickup):		
	7,107,11,10728	TO REDECT IT OF	(1191	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:		
		Reject Case	7	Towing Invoice LTA / GIA :		
		By (staff) : when	1	Medical Bill:		
		Approved by: Yu	1	PIR:		
		Date : 27/10/21	1	Mandate/Reject Instruction:		
				LOD		
				Payment Breakdown Form:		
PRELIMINARY ADVICE	Date/Time:	Sent By:	COLUMN CO	Post-Repair Photos:		
				Others:		
FINALIZATION	Date/Time:	Confirm with:		Confirm by: KSC	40000000	
Repair Cost: L/S	ss 5,300.00 (5	days) Reduction: 43	%	Email	Call	
FINAL SETTLEMENT		nfirm with		Email Cal		
Final Liability:		essed) BOLA S/N No.: 27	DEAD ENDE	If NO or B 28, Ass. Lia:		
Repair Cost:	S\$		REAR ENDE	DOI		
Loss of Rental (LOR): Loss of Use (LOU):	S\$ (S\$ (\$ x	days)				
Loss of Income (LOI):	S\$ (\$ x	days)				
LOR only LOU only	LOR + LOU LOR	[Personal Control of C				
GIA/LTA Search	S\$	recoil				
Medical:	S\$			1) Claim status: Normal/Rejo	ect/Private Settle	
Disbursement:	SS	(e.g. Tow/ Independent)		2) Report Format: TP/WP		
Legal Cost	SS			3) Survey fee: \$320		
Total:		obal Sum S\$:	CANAL WATER TO BE THE REAL PROPERTY.		Della and an annual superior and the superior and an annual superior and annual superior and an annual superior an	
FINAL PAYMENT		nfirm with:		Email Call		
Payee 1:	S\$ Nar	me 1:				
Payee 2: (Strike if N.A.)	+	me 2:				
Payee 3: (Strike if N.A.)	S\$ Nar	me 3:				