15/5/2010

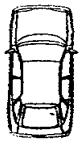
INS. CASE OWNER: ~~CC4/AIG20010653/Epa3~~ | LKK: | IDAC:

ASSIGNMENT CC4/AIG20010653/Epa3q2

Surveyor: STEVE DOI: 03/10/2020 Date / Time : 05.10.2020

Registered in Merimen: 05.10.2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SKX 1231L | Claim No. :

Name of Insured : | Policy No. :

Insured Tel No. : HP: | Make / Model :

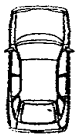
Excess Sec II :S$ D.O.A : 03.10.2020 09:00 | Place of Accident : TAMPINES AVE 7 TWDS TAMPINES AVE 4

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

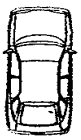
If **NO**, Driver Name / Age : | OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

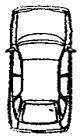
SHA 9439J → → →



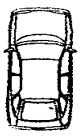
INSRS:
WSP: CDGE
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SHA 9439J - X SKX 1231L - 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$ 3,250.00 (4 days) Reduction: 36 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 25/06/2022	Confirm with Kazali	Email ☑ Call ☐
Final Liability:	% 40 (Agreed / Assessed)	BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost: 3,477.50	S$ 1,391.00 w/GST		
Loss of Rental (LOR) 627.00	S$ 250.80 (5 days) x S$125.40		
Loss of Use (LOU):	S$ ($ x days)		
Loss of Income (LOI): 250.00	S$ 100.00 ($ 50 x 5 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:
Legal Cost	S$		3) Survey fee: No Bill to AIG
Total:	**S$** 1,743.80	**Global Sum S$:** 1,700.00	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☑ Call ☐	
Payee 1:	S$ 1,700.00	Name 1:	ComfortDelGro Engineering Pte Ltd	
Payee 2: (Strike if N.A.)	S$	Name 2:		
Payee 3: (Strike if N.A.)	S$	Name 3:		