15/5/2010

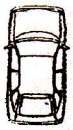
INS. CASE OWNER: Chee Hong | CC6 / AIG180004158 / hb3 | LKK: | IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 05/03/18

Registered in Merimen: 05/03/18

Pre-assign / CCU / FTE



Insured Vehicle No. : SLQ 2159G | Claim No. : 6725843126SG

Name of Insured : TEO SIONG TECK | Policy No. : 1700021685

Insured Tel No. : _____ HP: 9151 7409 | Make / Model : MERCEDES-BENZ CLA 200

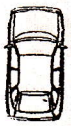
Excess Sec II :S$ _____ D.O.A : 03/03/18 | Place of Accident : ALONG 426 SERANGOON AVENUE 1 OPEN CARPARK

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

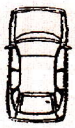
If NO, Driver Name / Age : TEO XU HAO | OI GIA REPORT: YES / NO ; TP GIA REPORT YES / NO

Driver Tel No. : 9826 0710 (V/L: YES / NO) | Insured Liability : % **Final ? Yes / No**

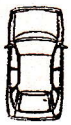
SJW 9786S → _____ → _____ → _____



INSRS:
WSP: Modern Auto
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SJW 9786S - X ; SLQ 2159G - X
07/03/18 (Wed)	
12/03/18	- EMAIL CLARITY UNCLEAR - POTENTIAL REBOOT CLAIM - TP WITH STOP LINE
28/05/19	- AIG AGREED TO REBOOT TP CLAIM - EMAIL TO TP TO REBOOT CLAIM
28-05-19	- NO SURVEY, CANCEL CASE.

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:	

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:		
Post-Repair Photos:		
Others:		

PRELIMINARY ADVICE	Date/Time:	Sent By:	
FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost:	S$	(days) Reduction: %	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)	NO SURVEY CANCEL CASE
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: Normal/Reject/Private Settle
Disbursement:	S$ –	(e.g. Tow/ Independent)	2) Report Format:
Legal Cost	S$ –		3) Survey fee:
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: –	