15/5/2010

INS. CASE OWNER: BERNARD | CC 6 /AIG1801 0091 / W63 | LKK: IDAC:

ASSIGNMENT

Surveyor: ______ DOI: ______ Date / Time : 4/6/18

Registered in Merimen: 4/6/18

Pre-assign / CCU / FTE

Insured Vehicle No. : GX 6439T — Claim No. : 08484678 14 SG

Name of Insured : Tan Seng Kah Trading Co. — Policy No. :

Insured Tel No. : ______ HP: ______ — Make / Model :

Excess Sec II :S$ ______ D.O.A : 07/7/18 — 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**

GW 3871U → ______ → ______ → ______

INSRS:	INSRS:	INSRS:	INSRS:
WSP: UM	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability : Motor.	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	
	GW 3871U – Y GX 6439T – X
6/6/18 Vic	– NO OI GIA. SENT OUT 1ST LETTER.
26/06/18	– OI AGENT CALLED IN. OI/OID NOT AWARE OF ACCIDENT & TP KEEP HARASSING OI. PIR IN. OID CHARGED WITH DEMERIT POINTS & FINE.
27/06/18	– OI GIA REPORT IN. AIG INSTRUCTED TO GET EVIDENCE FROM TP & CHECK W/ OI ON DAMAGES TO THE VEHICLE. – EMAIL TO TP FOR EVIDENCE.
30/07/19	– TP INACTIVITY. NO SURVEY. – AIG AGREED TO CLOSE OFF CASE.
30-07-19	To cancel No Survey done

Reject Case
By (staff) : Vic
Approved by :
Date : 30-7-19

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 ☐ Call ☐
Final Liability:	%	(Agreed / Assessed) BOLA S/N No. :	If NO or B 28, Ass. Lia :
Repair Cost:	S$ —		CANCELLED CASE
Loss of Rental (LOR):	S$ —	(days)	TP INACTIVITY
Loss of Use (LOU):	S$ —	(S x days)	NO SURVEY
Loss of Income (LOI):	S$ —	(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
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 ☐ Call ☐
Payee 1:	S$ —	Name 1:	—	
Payee 2: (Strike if N.A.)	S$ —	Name 2:	—	
Payee 3: (Strike if N.A.)	S$ —	Name 3:	—	