

22/03/2002

ASS. REC. BY:

REF: CS/AIG18011405/T19d3

Special Instruction:

Surveyor:

ASSIGNMENT (Office)

From (Person): Chan Yoke Shi

of AIG

Date/Time: 22/6/18 @ 4:17 pm

Estimated Cost:

Bill to:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV / CS

To Inspect Vehicle No: FBJ 5842 C

Insured: SJR 1873D

at Workshop m/s New Union Company

Tel: 6784 9488

of Bik 9004, Tampines St. 93 # OT-106

Policy No:

Claim No:

Sum Insured:

Excess:

Make of Veh:
(Client's Record)

D.O.A. 12/05/2018

CA / REV / REP. / REV 24 HRS ^{lup}

26/05/2018

H.O.D. Endorsement:

Date/Time: 22/6/2018 @ 4:17 pm

Person Contacted:

Linda

Vehicle IN/OUT

Date/Time	Action/Instruction (✓) Estimate
	FBJ 5842C -x
	SJR 1873D -x
<u>25/7/18 @</u>	<u>4:16 pm checked with Mr You, they willing to do 'DS' with AIG. Ask us advise whether can do 'DS'.</u>

INS. CASE OWNER:

MANE

CC 4, LOR 180 11405, T/wa3

LKK:

IDAC:

Surveyor:

MTH

DOI:

ASSIGNMENT

25/6/18

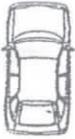
Date / Time :

22/6/18

Registered in Merimen:

26/6/18

Pre-assign / CCU / FTE



Insured Vehicle No. : SLR 1873D

Claim No. : 972068891354

Name of Insured :

Policy No. :

Insured Tel No. : HP: 6757248

Make / Model :

Excess Sec II :SS D.O.A :

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. :

(VL: YES / NO)

Insured Liability : % Final ? Yes / No

FBJ 5842c



INSRS: New Union
WSP: Co.
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time

FBJ 5842c - X ; SLR 1873D - X

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\$

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\$

Disbursement:

S\$

(e.g. Tow/ Independent)

1) Claim status: Normal/Reject/Private Settle

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:

