

ASSIGNMENT

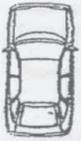
Surveyor: \_\_\_\_\_

DOI: \_\_\_\_\_

Date / Time : 24/7/18

Registered in Merimen: 27/7/18

Pre-assign / CCU / FTE



Insured Vehicle No. : SLD 3747X

Claim No. : \_\_\_\_\_

Name of Insured : \_\_\_\_\_

Policy No. : \_\_\_\_\_

Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_

Make / Model : \_\_\_\_\_

Excess Sec II : S\$ \_\_\_\_\_ D.O.A : 17/2/18

Place of Accident : \_\_\_\_\_

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

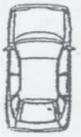
If NO, Driver Name / Age : \_\_\_\_\_

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : \_\_\_\_\_ (V/L: YES / NO)

Insured Liability : % Final ? Yes / No

EY 2333K



INSRS: WSP: Tel: Liability: RMKS:



INSRS: WSP: Tel: Liability: RMKS:



INSRS: WSP: Tel: Liability: RMKS:



INSRS: WSP: Tel: Liability: RMKS:

Date/ Time		STAGE	DATE / PIC
	EY 2333K : X ; SLD 3747X : X	Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
24-02-20	INFORM AIG CLAIMANT DID NOT SUBMIT BIA REPORT / SURVEY / REPAIR THE VEHICLE.	Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	
24-02-20	CANCEL CASE DUE TO NO SURVEY DONE.	Documentation Check List: Handler	Typist
		Notification ltr (if non-pickup)	<input type="checkbox"/>
		After call ltr to OI:	<input type="checkbox"/>
		Authorisation To Act:	<input type="checkbox"/>
		Release Voucher:	<input type="checkbox"/>
		Final Repair Bill:	<input type="checkbox"/>
		Car Rental Invoice:	<input type="checkbox"/>
		Towing Invoice	<input type="checkbox"/>
		LTA / GIA :	<input type="checkbox"/>
		Medical Bill:	<input type="checkbox"/>
		PIR:	<input type="checkbox"/>
		Mandate/Reject Instruction:	<input type="checkbox"/>
		LOD	<input type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/>
PRELIMINARY ADVICE	Date/Time: _____ Sent By: _____	Post-Repair Photos:	<input type="checkbox"/>
		Others:	<input type="checkbox"/>

<b>FINALIZATION</b>	Date/Time: _____ Confirm with: _____ Confirm by: _____
Repair Cost: S\$ _____ ( _____ days) Reduction: _____ %	Email <input type="checkbox"/> Call <input type="checkbox"/>
<b>FINAL SETTLEMENT</b>	Date/Time: _____ Confirm with: _____ Email <input type="checkbox"/> Call <input type="checkbox"/>
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 <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]	
GIA/LTA Search	S\$ _____
Medical:	S\$ _____
Disbursement:	S\$ _____ (e.g. Tow/ Independent)
Legal Cost	S\$ _____
<b>Total:</b>	S\$ _____ Global Sum S\$: _____
<b>FINAL PAYMENT</b>	Date/Time: _____ Confirm with: _____ Email <input type="checkbox"/> Call <input type="checkbox"/>
Payee 1:	S\$ _____ Name 1: _____
Payee 2: (Strike if N.A.)	S\$ _____ Name 2: _____
Payee 3: (Strike if N.A.)	S\$ _____ Name 3: _____