15/5/2010.

INS. CASE OWNER: | CC 3 /AIG1801 5587 / 2663 | LKK: IDAC:

ASSIGNMENT

Surveyor: ______ DOI: ______ Date / Time : 24/8/18

Registered in Merimen: 24/8/18

Pre-assign / CCU / FTE

Insured Vehicle No. : SLB 6403D

Claim No. : 2660276575SG

Name of Insured : THEW TUNG MEE (ZHENG TONG MEI)

Policy No. :

Insured Tel No. : ______ HP:

Make / Model :

Excess Sec II :S$ ______ D.O.A : 17/8/18 -

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**

SLW 2741P → ______ → ______ → ______

INSRS: WSP: performance Tel : Liability : RMKS:

INSRS: WSP: Tel : Liability : RMKS:

INSRS: WSP: Tel : Liability : RMKS:

INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
24/8/18	SLW2741P - 4 SLB6403D - 4
TIM	- NO OI GIA, SENT OUT 1ST LETTER.
	GIA - OK.
12-3-19 @	1205 PM W/OI JACK, AGREED & AWARE NCD ISSUE.
23/07/19	- EMAIL LIABILITY CLEAR
	- NO FEED BACK FROM TP.
15/01/2020	- EMAIL TO AIG TO CANCEL CASE
15-01-20	Cancel, No Survey Done.

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:	23/07/19 - VIC

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. : 27	If NO or B 28, Ass. Lia : (OI REAR-ENDED TP)
Repair Cost:	S$ -	
Loss of Rental (LOR):	S$ - (days)	NO SURVEY / TP INACTIVITY
Loss of Use (LOU):	S$ - ($ x days)	CANCELLED
Loss of Income (LOI):	S$ - ($ x days)	NO SETTLEMENT
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:	-