15/5/2010

INS. CASE OWNER: CC 6/AIG1801 8191 / JWH

LKK:

IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 8/10/18

Registered in Merimen: 8/10/18

Pre-assign / CCU / FTE

Insured Vehicle No. : SKX 9866C

Name of Insured : Ong Fang Lin.

Insured Tel No. : _____ HP: _____

Excess Sec II :S$ _____ D.O.A : 04/10/18

Is driver the owner? (YES / NO)

Claim No. : 311018088 3529

Policy No. : _____

Make / Model : _____

Place of Accident : _____

Nature of Accident : _____

If **NO**. Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

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

Insured Liability : % **Final ? Yes / No**

GBD 35536 → _____ → _____ → _____

INSRS:
WSP: Hock wah.
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
15/10/18 Ody.	GBD35534-Y SKX 9866C-Y -NO OI GIA SENT OUT 1ST LETTER. TO ENGAGE OI.
26.07.19	CHECK WITH HELP CLAIMANT DID NOT SENT IN THE VEHICLE FOR SURVEY OR REPAIR AS LIABILITY UNCLEAR.
26.07.19	EMAIL AIG TO INFORM CANCEL CASE. 27/6/19.

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$		
Loss of Rental (LOR):	S$	(days)	
Loss of Use (LOU):	S$	(S x days)	
Loss of Income (LOI):	S$	(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 ☐ Call ☐
Payee 1:	S$	Name 1:	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	