15/5/2010

INS. CASE OWNER: CC3 /AIG1801 0053 / ebh

LKK:
IDAC:

ASSIGNMENT

Surveyor: DOI: Date / Time : 5/11/18

Registered in Merimen: 5/11/18

Pre-assign / CCU / FTE

Insured Vehicle No. : SKC 2498L

Claim No. : 8015020167SG

Name of Insured : MOK FOOK VAN.

Policy No. : P8001837510

Insured Tel No. : HP:

Make / Model : HYUNDAI

Excess Sec II :S$ D.O.A : 3/11/18

Place of Accident : LAMMING UNE.

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

If **NO**, Driver Name / Age : MOK SHIAO WAI

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

Driver Tel No. : (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

SLM5028Z →

INSRS:
WSP:
Tel :
Liability : Performance
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SLM5028Z-X SKC2498L-X
9/11/18	TP REPORTED 4 VEH CC, OI REPORTED 3 VEH CC
09.04.19	INFORM AIG CLAIMANT DID NOT SENT IN THE VEH FOR SURVEY / REPAIR.
04-04-19	CANCLE CASE. 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:	

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:	% 100	(Agreed / Assessed) BOLA S/N No. : 28	If NO or B 28. Ass. Lia : 0%
Repair Cost:	S$	4 VEH CC OID 2ND	
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:	